Clinical Observations

FURNISHED BY

A CASE IN WHICH THE RIGHT CAROTID ARTERY WAS RECENTLY LIGATURED AT ST. GEORGE'S HOSPITAL.

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(*Concluded from p. 337.*)

THE first point of interest in the case upon which I will speak is the *contracted* state of the pupil of the right eye. Whilst the patient was in the hospital, before the operation, the condition of the pupil was recorded. My impression is that this condition was the result of injury of the sympathetic nerve in the neck, caused by the ulceration, abscesses, &c., following the gunshot wound. For a long time I have been in search of such a case, having suggested, in a communication to the Medical and Chirurgical Society some years ago (vol. xli., p. 417), in which the dependence of the dilating structures of the iris upon the spinal cord and cervical sympathetic was considered, that we might get the usual effects on the eye of injury to the sympathetic in cases in which "the general tissues about the main course of the sympathetic in the cervical or upper thoracic region" were indurated or thickened. We have in this case no history of iritis, or of any other disease which might have affected the state of the pupil, having previously occurred.

It would be of interest to know whether, immediately after the injury and also subsequently, there had been any other appearance about the eye, such as vascularity or inflammation of the conjunctiva, or any increase of temperature and of sensibility of the skin, which might have been attributed to interference with the cervical sympathetic. If such had ever existed they must long have passed off, by reason of recovery of those nerve-fibres by lesion of which they were brought about. May I be allowed to hazard the supposition that the loss of function of such fibres as supply the small vessels about the eye (if ever they had been interfered with) may have been restored by virtue of interlacement with the motor nerves of neighbouring vessels?

Had there been also any peculiar condition of the vessels at the fundus of the eye, this seems to have passed away in the course of the long time which had elapsed since the injury to the neck and the subsequent disorganisation.

The second point to which I would draw attention in the case is the distortion of the face which followed immediately upon the tying of the carotid artery. The mouth was much drawn to the left side. This must have been the result of cutting off blood-supply to the right side of the brain. It could not have had anything to do with any clot within the vessel, I think. Of course, at the moment it was supposed to be the result of paralysis of some of the fibres of the facial nerves, and we naturally looked for some paralysis of the arm and leg on the opposite (the left) side of the body, but none such at any time showed itself, whether as regards muscular power, or sensibility of the skin, or temperature of the surface. Moreover, our present knowledge of anatomy teaches that it would seem very unlikely to find paralysis of the face on the *same* side as the carotid artery which was tied, even if we got paralysis of the limbs on the opposite side—a not uncommon result of such an operation, or of plugging up certain of the vessels supplying the right side of the brain.* We find, as a rule, that when we have paralysis of facial muscles, along with that of the limbs, solely as a result of lesion of one side of the brain proper,† the face is affected on the side not corresponding with the cerebral lesion. The exception is when certain parts of the pons Varolii are diseased, as Brown-Séquard has pointed out;* and when consequently the facial nerve on the same side as the lesion becomes involved. In this case there was no loss of hearing or of taste, nor of sensibility of the skin, nor deflection of the uvula, nor altered action of sphincters, which might have corroborated the idea that there was paralysis of central origin; the only symptom of the kind was slight protrusion of the tongue to one side, but this was to the left side, and not (as we mostly get in cases of paralysis of central origin) to the paralysed side. I am inclined to look upon the want of equilibrium in the muscles of the face as the result, not of paralysis of the right side of the face, but of spasm of the muscles on the left side. Thinking that possibly some assistance in diagnosis as to this point might be obtained by the use of the galvanic current, I got Mr. Claridge, who has charge of our galvanising department at the hospital, to ascertain if the muscles on one side of the face were more irritable than those on the other. He described the results as follows:—"The whole face was drawn to some extent by pain, and owing partly to this, partly to the impossibility of applying the sponges firmly to any part of the face, no contraction of the facial muscles could be produced on either side. No effect could be produced, firm pressure being impossible, upon the fibres of either orbicularis palpebrarum separately; but when the sponges were applied a little external to the external angles of the orbits, rather above the level of the zygomatic processes, where rather more pressure could be exercised without distressing the patient, the orbiculares palpebrarum both contracted, and with them the superficial facial muscles leading from them to the upper lip. This contraction was most marked on the side where the carotid had been tied—i. e., the right side, and remained so in spite of *slight* alterations in the position of the sponges. The examination could not, however, be very satisfactory, as the patient's position was critical, hæmorrhage being very imminent." This galvanic experiment I had done because it was thought by Dr. Marshall Hall that the irritability of voluntary muscles cut off from the influence of the will becomes augmented from the want of the application of their natural stimulus; the spinal marrow being the special source of irritability of muscular fibre, and the cerebrum being the exhauster through its acts of volition. He said that, in hemiplegic paralysis of the face, if a galvanic shock were passed through the two cheeks, the muscles of the paralysed side became most affected; whereas, in cases of injury to facial nerves, the muscles of the healthy side were most affected by galvanism; and the same distinction holds good in paralysis of the arm from hemiplegia or from dislocation of the shoulder. Duchenne has lately stated that in facial paralysis, if the muscles are easily excited by galvanism, we have an intra-cranial cause for the paralysis; but if the muscles are not easily set in action, then we have some lesion of the facial nerve itself. This difference he seems to consider to be owing to the fact that in paralysis from lesion of the nerve it becomes degenerated, and the muscles also paralysed, this degeneration only occurring very slowly if there be intra-cranial disease causing the paralysis.† Dr. Todd, it will be remembered, considered that in true hemiplegia the want of power in the facial muscles was the result of paralysis of the motor part of the trifacial or fifth nerve, and not of the seventh nerve. He also disbelieved that paralysed muscles were more irritable, except when there was irritation of nervous centres.

I have examined the records of a number of cases in which ligature of the common carotid artery had been performed. In many instances, hemiplegia of the opposite side has resulted, chiefly without any paralysis of facial muscles. Still such facial paralysis has occurred in some cases; and I lately found a remarkable instance of the kind, related by Sédillot, in which this vessel was tied, with the result of producing hemiplegia on the opposite side, and paralysis of the face on the side corresponding to the ligature. This case was like Mr. Lee's case, not only because it was one in which the right carotid was tied, but because there had been suppuration and inflammation about the neck, involving the deep tissues and the carotid sheath; so that, as in

* I am preparing a paper containing the results of all the cases of ligature of the cerebral vessels, or of arrest of circulation therein from other causes, as embolism, pressure of tumours, &c., as regards cerebral symptoms produced by such conditions. Here I would only refer the reader, on this point, to the cases showing the general results of ligature of the carotid quoted by Lenoir and Ehrmann.

† I say this because, of course, we have in certain cases of lesion of brain-substance the nerves also affected, independently, after their emergence from the surface of the brain.

* Brown-Séquard points out that this alternate hemiplegia has been described by Burdach, Romberg, Nasse, Friedreich Lebert, &c.

† In rabbits that have had their facial nerve divided, the muscles become much more irritable than before section.

his case, the artery was very difficult of approach. Curiously enough, three hours after the vessel was tied on the right side, the facial muscles on the *corresponding* side are described as having become paralysed, as also the sensory nerves on the same side, the sight of the right eye being abolished, and the right upper eyelid drooping. There is no mention of the state of the pupils of the eyes; but the right eye was said to have become *dévié en dehors*, and as if affected by convergent strabismus. The hearing on the right side became affected. After death—which occurred from purulent infection on the eighth day after the operation—the whole of the anterior lobe of the right cerebral hemisphere was found much softened. According to this description, the two branches (facial and auditory) of the seventh pair of nerves were affected; also those fibres of the third pair which go to the levator palpebræ; also apparently the sixth nerve, which innervates the external rectus—a nerve which, be it remembered, has centrally a close relationship to the facial nerve in the floor of the fourth ventricle.*

As regards the albumen in the urine, Mr. Lee was inclined to look upon this symptom as the result of some septicæmia in connexion with the presence of disintegrated fibrin from the aneurismal sac, which had become displaced in connexion with the operation, inasmuch as it was thought the albumen had not existed in the urine before the operation; but I am pretty sure, from the character of the recent tube "casts" seen in the urine by the microscope, that there had been pre-existing kidney affection.† The pain after the operation in swallowing, which at one time was very troublesome, painful, and difficult, was, I think, probably consequent upon division of certain branches of the upper cervical ganglia of the sympathetic, which pass inwards and unite with branches of the vagus and glosso-pharyngeal nerves to form the pharyngeal plexus by which the muscles of the pharynx are innervated. The remarkable quietude of the pulse after so grave an operation was a noteworthy fact. Might this be at all referred to any slight implication of the inhibitory pneumogastric nerve, which prevented the excitement of the heart being so great as one might have anticipated?

The next point which I will notice about the case was the difference in temperature of the surface, and within the mouth, of the two sides of the head after the operation. This difference, depending on deficiency of blood on the side operated on and excess on the opposite side, gradually became more equalised as collateral circulation became established. As regards the excess of temperature on the left side, and the increased arterial turgor and sweating, I will say a few words. How did they all come about? It may have been the result of increased collateral circulation. And what is the explanation of the mechanism of such substitution? How, in all cases of interrupted arterial blood-flow, do the vessels which are appropriate for the purpose take on increased action, as we call it,—become enlarged, distended with blood, and, until the part deprived of its wonted amount of nutrient fluid becomes re-supplied, act in the place of the injured artery? My impression is that provision for such substitution or collateral circulation exists in the vaso-motor nerve-system. The solidarity is such, I believe, between all parts that when, as in this case, the blood-supply to the right side of the head is to a great degree cut off, the vessels on the opposite or uninjured side become so relaxed as to allow of an additional amount of blood entering their tubes. With this agrees the excessive perspiration of the surface on the side in which the vessels were enlarged (remember the action of the tense, throbbing temporal arteries), and which may have resulted partly from direct nerve-action, or may have been in part secondary to increased quantity of blood in the skin.‡ How far, also, this increase in the blood-flow may have resulted from any alteration on the part of the tissues which had become imperfectly supplied by blood, I do not know; but I cannot help ascribing some portion of the causation to modification of vasal nerve-action. This may be brought about by anastomosis or intermingling of the nerves of the two sides of the head belonging to this system of nerves. There can be no doubt that, to a certain extent, an increased quantity of blood would be sent to the left carotid artery merely in consequence of the right one being closed and obstructed; but this augmentation could not, I think, by any means be sufficient to create the tension, the throbbing, and enlargement of the temporal artery on the left side which existed, and which no doubt corresponded with contemporaneous increased fulness and tension of the branches of the internal carotid.

I would here remark that it is but seldom one meets with a case in which so many scientific appliances are put in requisition in a single observation as in the present instance. Thus, the urinometer, the microscope, the test-tube, the stethoscope, the dynamometer, the diaphemetric compass, the syphgmograph, and the ophthalmoscope were all brought into use.

I conclude by expressing my obligations to Mr. Bowles, who helped me greatly in making the above observations, and by his frequent notes of the progress of the case.

* Valentin says we may have division of the external rectus oculi muscle, and yet no strabismus as a result.

† In connexion with this subject I would here refer to the statement of Dr. Fenwick, that albumen in the urine in scarlet fever seems to be the result of absorption of granular matter from the gastric tubes, which subsequently becomes removed and eliminated along with albumen, just as albumen, if injected in solution into the veins of animals, becomes eliminated by the kidneys.

‡ Valentin considers that sweating is generally due to a greater distension of the skin with blood (from which, rather than from sweat-glands, sweat comes), or to alteration in its porosity, or to both.

PAPERS
ON
THE THERAPEUTIC ACTION OF DRUGS.

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No. II.

BROMIDE OF POTASSIUM; BROMIDE OF SODIUM; BROMIDE OF AMMONIUM.

IN physical and chemical properties these salts are closely allied to the corresponding iodides, and yet in their action on the body they exhibit considerable differences.

AS a local application, to ease pain or remove spasm, bromide of potassium, in five parts of glycerine, has been applied, it is said, successfully to hæmorrhoids, fissures of the rectum, and to painful growths.

When bromide of potassium, in moderate doses, is taken for some time, or quickly when large quantities are administered, there occurs loss of sensibility in the soft palate, uvula, and upper part of the pharynx. This is shown by the absence of any movement in these parts when they are touched, as such irritation does not excite the movements of deglutition. On account of this property, these medicines are recommended to be used to remove or lessen the excitability of the throat when an examination of the larynx with the laryngoscope is made. It is even stated by some writers that washing the pharynx and soft palate by means of a brush with a solution of the bromide is sufficient to quiet these parts, and to enable laryngoscopic examination to be made with ease.

As the bromides possess the power to remove sensibility from the pharynx, it has been thought to be very possible they may have similar influence on the larynx, and be able to lessen its excitability, and so be of use in those diseases accompanied by spasmodic contraction of the glottis, as whooping-cough and laryngismus stridulus. Of course, such speculations are of little use till put to the test of experience. After close watching of the action of bromide of potassium on both these diseases, I am convinced it can control and remove them. The discrepant statements of the influence of this remedy on these diseases can be reconciled in the following way.

To speak first of whooping-cough. All observers must admit that some cases of this disease are altogether uninfluenced by this remedy, that in such cases it neither lessens the frequency nor the severity of the paroxysms of coughing. In other cases, however, it appears to act in both ways. The bromide, I believe, will be found to be useful only in simple uncomplicated whooping-cough. If there be fever or much catarrh of the lungs, if there be present pneumonia or tuberculosis, or if the child be teething, and the gums be

swollen, red, and painful, or if there be any gastric irritation, then this remedy fails to do any good till these disturbances have been met and controlled by appropriate treatment. When this has been done, or in simple uncomplicated cases, the bromide of potassium does certainly possess great power over the disease, lessening both the frequency and severity of the paroxysms. It is thus found to be of most service in the summer and when the weather is genial and mild. In general, alum or lobelia inflata are to be preferred, as they act more promptly and surely; but the alum is only useful under the same circumstances which control the usefulness of the bromides. It can only be given in uncomplicated cases.

Next, as regards the action of bromide of potassium on laryngismus stridulus. Here also the remedy can control the disease, but only under conditions very similar to those which limit its usefulness in whooping-cough. If any irritation, such as from teething, is present, this must be removed before the remedy appears to possess any power over the complaint. As, however, we possess, in cold sponging, such an efficient and prompt cure for laryngismus stridulus, when any irritation has been removed, we shall not need to resort to the bromide, but can, by cold sponging, at once cut short the complaint.

The salts of which we are treating are sometimes useful in both these affections when complicated by convulsions. It not unfrequently happens, with both laryngismus stridulus and whooping-cough, during a paroxysm, for the obstruction in the larynx to become so great as to cause very imperfect oxidation of the blood, and so partial asphyxia, which condition may produce an attack of convulsions. When such convulsions occur their repetition can be prevented by the bromide, even when it apparently leaves the disease otherwise uninfluenced. Here, again, with laryngismus stridulus, cold sponging is mostly sufficient to avert the convulsions by preventing the spasm of the glottis on which they depend. But in those cases where, from the effects of any irritation, the cold sponging remains without effect, the convulsions can in most instances be stopped by the bromide of potassium, and so one of the greatest dangers, nay, almost the only one, of this disease can, by its use, be removed.

In the following complaint of the throat the bromide will be found of use. It occasionally happens that children, from the time of their birth, and without any malformation of the throat, and who can swallow solids with ease, are choked every time they attempt to drink fluids. This is an affection which may in no way be connected with diphtheria or other disease of the throat. Such children may be much benefited by the bromide of potassium.

On the stomach, the bromide, as far as is at present known, appears to have but very little influence.

On the intestines, in certain diseases, these salts have a beneficial influence; as, for instance, in a form of colic which sometimes affects children from a few months to one or two years old. With such the walls of the belly are retracted and hard, while the intestines can be seen at one spot contracted into a hard lump of the size of a small orange, and the contraction can be seen, through the walls of the belly, to travel from one part of the intestines to another. These attacks of colic are very often repeated, and produce excruciating pain. The form of colic is unconnected with either constipation, diarrhœa, or flatulence. It is sometimes associated with a chronic aphthous condition of the mouth. It usually resists all kinds of treatment, but will mostly at once yield to the bromides.

Like the iodides, these salts pass quickly into the blood; and respecting their influence on the organs to which they are conveyed by this fluid I shall next speak.

The bromide of potassium is used for a very great variety of diseases, but in none are its virtues more conspicuous than in the treatment of convulsions. It is good in epilepsy, in the convulsions of Bright's disease, and in the convulsions of children, whether these are due to centric or eccentric causes. Although convulsions may be excited by many causes, it is probable that the conditions of the nervous system which immediately produce the attack are in every instance the same; and it appears to be these conditions which the bromide is able to control, and hence it checks the convulsions of epilepsy, of Bright's disease, and those arising from teething or from worms. It is, however, necessary to speak separately of the influence of bromide of potassium on the convulsions of these different diseases.

In no complaint is the bromide of potassium used with greater advantage than in epilepsy; but it is not equally useful in all forms of the disease, as attacks of petit mal are mostly uninfluenced by this drug. It is the convulsive form of epilepsy which is so remarkably amenable to the bromide. All authorities are agreed on the great power the bromides have over this form of epilepsy. In by far the larger number of cases the fits, under its influence, become much less severe and less frequent. Even when of great frequency and severity, when repeated perhaps several times a day, their recurrence may be postponed for weeks, and even months; nay, in some cases the return of the fit has been delayed for years. As might be expected, the effects of the drug are most pronounced when the disease is of short standing.

Cases of the convulsive form, however, occasionally occur over which this salt appears to exert no influence, and in which the fits are as severe as when no medicine was taken. Neither is it possible at present to foretell in which instance the medicine will succeed and in which it will fail. In the treatment of epilepsy this remedy should be given in doses of from ten to twenty grains, and be repeated three times a day. If the attack occurs only at night, then a full dose of thirty grains should be taken at bedtime, and this will be found the best way to avert the fit. It may conveniently be taken in beer. The bromide may be continued for months or years if the patient is only benefited, and not cured by it. But its administration should be at times omitted for a few weeks, or the system becomes accustomed to its presence, and it then loses its power over the disease, so that it not uncommonly happens for the good effects which were marked at first to altogether cease, and for the fits to recur with their old severity and frequency. If the drug be now withheld for a time, on resuming it all its former influence over the attacks will be restored, and the patient a second time benefited by its use.

Concerning the influence of the bromide of potassium on the convulsions which sometimes accompany whooping-cough and laryngismus stridulus I have already spoken. In all other diseases which are accompanied by general convulsions the bromide should be resorted to, and will often succeed. Of course, when possible, the exciting cause of the convulsive attacks should be removed; but when this proves to be impossible, or if it cannot be discovered, this salt will often be found sufficient to control and prevent the attacks.

The convulsions caused by worms in the intestines sometimes resist completely the influence of this remedy. The convulsions which accompany simple meningitis, or which continue after the inflammation has declined, but has left serious damage behind, may often be checked by the bromide of potassium.

This salt has of late been much recommended by Dr. Begbie as a soporific, and has been found of especial use in removing the sleeplessness which not unfrequently occurs during the convalescence from acute diseases. It is often of service for the same purpose, even during the febrile stage of inflammatory and specific fevers, such as pneumonia, rheumatism, or typhoid fever. In sleeplessness from other causes, as overwork, grief, dyspepsia, &c., it may be employed with the expectation of success.

In delirium tremens the bromide of potassium is often of conspicuous benefit by removing the delusion and calming the delirium, and by procuring sleep. Its usefulness is most apparent in the earlier stages of this disease, before the delirium has become furious, and is also of very great service in removing any delusions that may remain after the attack has been partially subdued.

When used to produce sleep fifteen to thirty grains should be given at night-time, and if this should prove insufficient the same dose may also be taken in the morning.

When employed in delirium tremens twenty to thirty grains, or even more, of the drug may be given every two hours till the patient is made to sleep. As a soporific the salt often succeeds when opium has failed.

Dr. Begbie, who has drawn attention to the influence of the bromide of potassium on the complaints of which we are now speaking, recommends it to be given to persons who have overtaxed their brain by study, or a too close application to business. In such it calms the excitement, procures sleep, and removes from them the giddiness, noises in the ears, and perversions of the external senses which may be

present. In such cases it is most invaluable. He also recommends the salt in acute mania.

It sometimes happens that women in the latter months of pregnancy become the subjects of the most frightful imaginings at night. They are under the impression that they have committed, or are about to commit, some great crime and cruelty, such as murdering their children or husband. These delusions may be removed, and in their place calm, refreshing sleep be substituted, by the influence of bromide of potassium.

Bromide of potassium is of great service in preventing that form of night-screaming of children which appears to be allied to nightmare. Children with this complaint may be but a few months, or several years old. Sometimes the attacks occur only once or twice a week, as is usually the case with the older children, or they may be repeated several times each night. The screaming may continue a few seconds or several hours. These children, while screaming, are generally quite unconscious of what is occurring around them, and cannot recognise, nor be comforted by their friends. They are generally horribly frightened. At other times a somewhat similar condition is met with in children a few years old, a state very similar to somnambulism. The child gets out of bed while fast asleep, walks about the house, and performs, quite unconsciously, various acts such as it does when awake. This state is not accompanied by any terror. With the screaming and fright which has just been mentioned there sometimes occurs squinting, which after a time becomes permanent. The screaming may be prevented and the squinting removed in such cases by the bromide of potassium. This affection in children is very generally connected with deranged digestion, and when such is the case the state of the stomach or intestines should be attended to. But if no such derangement be present, or in spite of such, the bromide will give good and refreshing sleep. The nightmare of adults will generally yield to the same medicine.

Men, and especially women,—more usually those who inhabit towns,—may become the subjects of great despondency. At times this is so bad as to make them, as they express it, "feel as if they should go out of their minds." This distressing condition can very generally be removed by the bromide of potassium.

Dr. Begbie has used the same salt with very great advantage in some cases of asthma, and also of diabetes. It sometimes relieves the pain of neuralgia.

It is also used with most decided benefit for its influence on the organs of generation. Its power to check some forms of menorrhagia is equal if not superior to that of any other remedy we possess. Over that form of flooding which depends on tumours of the uterus it has less control than ergot and some other remedies. Its administration to check profuse menstruation must be regulated by the circumstances of the case. If the loss of blood occur only at the natural menstrual period it will be sufficient to begin the medicine about a week before the loss of blood is expected; and when this has for the time ceased, the medicine should be discontinued till the next attack is about to begin. If, on the other hand, the loss of blood occurs every fortnight or oftener, the medicine must be given without any intermission till the disease is well controlled; and when the discharge has been brought to its right period and amount it is still desirable to give for a short time, before each monthly period, a few doses of the medicine. This remedy has been recommended by Dr. Begbie in nymphomania and puerperal mania. It is also employed to stay the unnatural discharge from persons who suffer from frequent seminal emissions. I have no doubt, from my own experience, that the drug does possess in a high degree this power. Its employment should be supplemented by cold sponging of the scrotum and perineum, and the suspension of the testicle in cold water for some minutes night and morning.

It is useful in allaying various forms of hyperæsthesia; and sometimes eases the severe pain of chronic arthritis.

If the medicine be continued for a long time, as sometimes happens in the treatment of epilepsy, its physiological effects become apparent. "Diminished sensibility, followed by complete anæsthesia, of the soft palate, uvula, and upper part of the pharynx, is the first symptom that the patient is getting under the influence of the drug. The sexual organs are amongst the first to be influenced; for there is soon produced failure of sexual vigour, and after a time marked diminution of the sexual appetite itself. Another frequent if not constant result of the prolonged administration of the bromide is an eruption of small boils, in successive crops, chiefly over the face and trunk, and accompanied with troublesome itching." (Bazire.) It also produces bodily and mental depression, and the patients become low-spirited and subject to gloomy ideas, and are soon fatigued and unfitted for work. On the suspension of the medicine all these symptoms and appearances soon subside.

ON

THE ADMINISTRATION OF FOOD AND MEDICINE BY THE NOSE WHEN THEY CANNOT BE GIVEN BY THE MOUTH.

BY D. ANDERSON MOXEY, M.D., M.R.C.P.

AT the present time, when the attention of the medical profession is being particularly directed to the all-important department of *therapeutics*, the subject treated of in the subjoined notes may, I hope, appear so far cognate to the earnest inquiries and investigations now being pursued in that direction, as to merit the kind consideration of my professional brethren.

Therapeutic agents, however much their action may be desiderated, are of course valueless in the hands of a physician if they cannot be introduced into the system of his patient. And few of us are so young and inexperienced as not to have met with cases in which inability to administer by the mouth nourishment or stimulants, it may be, or some sedative, evacuant, or alterative drug, or else inability to retain injections administered by the rectum (which is a frequent coexistent difficulty in such cases), has been the cause of bitter regret to the medical man who has seen a patient slip through his fingers who otherwise might possibly have been saved.

It is, doubtless, a matter for congratulation that, when the mouth is practically closed against the passage through it of food, drink, and medicine, there still remain patent to our sanative efforts the media for absorption presented by the rectum, by the skin, and by the lungs—one or all of them; and that, in certain circumstances, subcutaneous injection, or even direct injection into a vein, may be superadded. But how seldom can any, or all of these means conjointly, compensate for the loss of that process of digestion and assimilation that can only be properly effected in the stomach and duodenum. And hence how great a desideratum it would be, in cases where feeding by the mouth was impossible, if we still could reach the stomach by some other channel. It is to this other channel that I would now direct attention; for there is another and a most available channel to the stomach, and that channel is the nose. I do not advance this as a previously unknown anatomical fact—a discovery of the year 1869! I simply put it forward as an insufficiently recognised therapeutic fact. And I can only hope that I may be able to impress others with my own estimation of its value; so that they may try it in suitable cases, and obtain, as I have, practical proof of the infinite advantages possessed by feeding through the nose over all the other substitutes resorted to, when the mouth is not available for the purpose.

It seems almost unnecessary to spend time in proving that a given amount of nutriment which finds its way into the stomach, and thus is subjected to all the healthy and natural influences of the gastric and duodenal digestion, which convert it into chyle, and render it fit for the support and nutrition of the body, must be of infinitely more value than a similar amount administered by enema, and absorbed in its crude state by the mucous membrane of the rectum. In like manner, it need hardly be remarked that stimuli which reach the stomach by way of the nares, pharynx, and œsophagus must, through the vagus, exercise a much more powerful and rapid effect on the heart (which is the object generally aimed at in their administration) than if their action has to be propagated all the way from the rectum.

Again, the number of remedies that can be conveniently exhibited by subcutaneous injection is extremely limited, and in most cases even those so applicable fulfil their mission much more efficaciously when they act through the stomach. As for those cases in which direct injection into the circulation has been employed, or where the absorbent power of the respiratory system can be advantageously brought into requisition, they are so rare and exceptional as to warrant their dismissal without further comment; and the same remark applies, as a general rule, to cutaneous inunction.

The paramount importance, then, of subjecting all ingesta to the process of digestion being established—in other words, the immense advantage of getting food and physic *into the stomach* being fully recognised,—it now devolves upon me to show that their administration through the nostrils is not only an effectual, but an easy and not particularly disagreeable method of feeding.

In cases of insanity, where the patient obstinately refuses food, this method saves no end of struggling, and consequent injury to the teeth, gums, lips, &c.; and, where great prostration is present, it obviates the fatigue that injections and inunctions would give rise to, and the pain that would be occasioned by subcutaneous injection. Moreover, where the powers of life are very low, and where insensibility is present, sphincteric action is generally lost, and injections cannot be retained; whereas the reflex act of deglutition, which takes place when a liquid runs through the nostril into the pharynx, often continues, I believe, long after complete relaxation of the sphincters; and even where it is lost I have been enabled to satisfy myself that liquids may find their way into the stomach, by virtue of their own specific gravity, without the assistance of the vermicular undulations of the œsophagus. In cases, however, in which the involuntary action of swallowing is not produced by the irritation of a liquid in the pharynx, no good can be expected from the administration of food in any shape or form, as in such circumstances, digestion, absorption, and all the vital functions, must be well-nigh extinguished.

The circumstances under which I have resorted to feeding through the nostril are, in cases of insanity in which the patient refused food, in inflamed and ulcerated sore-throat, in glossitis, in cases of deep intoxication (dead drunk), and in infancy where nothing could be administered by the mouth nor retained by the rectum.

For the last ten years I have been in the constant habit of employing this method of feeding in every form of insanity—as mania, melancholia, dementia, general paralysis, and idiocy, where the patient has refused, or is physically incapable of taking, food by the mouth. When a lunatic obstinately refuses food, instead of forcing an iron spoon into his mouth, at the risk of breaking his teeth, contusing his gums, or lacerating his lips and cheeks, by simply controlling the movements of the patient while he lies on his back, and holding a small wedgwood funnel in one of his nostrils, from a pint to a quart of the strongest fluid, or even semi-solid nourishment, can be administered at a time. Stimulants and medicine can also be given in the same way, and without apparently irritating the nares in the slightest degree. And the administration can be conducted throughout without the violent struggling and screaming, the injury both to patient and attendants, and the sputtering and waste that accompany every attempt to force food or medicine down a lunatic's throat. Moreover, I have never witnessed the look of fierce resentment, the scowl of unconcealed hate, with which a patient glares at the attendants who have just wrenched open his mouth, and half suffocated him in their anxiety to cram food into his pharynx. Generally speaking, after one administration through the nostril, the patient feels so completely powerless to prevent the passage of food into his stomach that he makes a virtue of a necessity, and consents to take it in the ordinary way. Another advantage of this method of feeding is that the medical attendant, who ought always, if possible, to administer the food personally, can do so without running the risk of personal injury, or at least of having his clothes torn or bespattered with food or blood.

As to the method of administering food to an insane patient through the nostril, I invariably try first to induce him to take it quietly and in the ordinary way, explaining that in the event of his continuing to refuse it must be given through the nose; at the same time I take care to make him feel that such a procedure is adopted, not as a punishment, but simply as the only alternative which he forces on me. I then summon three attendants at least (four or five, if they can be had), and lay the patient down on his back, as quietly as possible, on a low couch in the middle of the room. I generally use a small folding iron bedstead, from which the pillows have been removed, for this purpose; and when the patient sees so many assistants he submits quietly, as a rule, to be laid down. If there are only three attendants, one must control the legs, and the other two the arms. If there is a fourth, he ought to attend only to the head, which is best held between his knees as he sits on a low stool at the top of the couch. If a fifth attendant be present, he can assist in holding down the legs, which, in the case of a powerful and obstinate lunatic, sometimes require the united strength of two assistants to control. In this way the patient is completely controlled; and finding struggling against such a force useless, he will either cease to resist, or, what is not unfrequent, he will offer of his own accord, or allow himself to be persuaded, to swallow the draught in the usual way. I always make it a point, just before proceeding to the actual administration, and when the patient has found how futile are all attempts at resistance, to represent this fact to him, and to beg him to save me the pain of forcing him to do what he could so easily do himself. If he remain obstinate, I then take care to render him absolutely motionless, seeing that the assistant who has control of the head keeps it perfectly still, with the chin slightly elevated. Then, introducing the end of the funnel gently into one of the nostrils, I pour the liquid slowly into it from a cream-jug or sauce-boat, pausing every now and then to let the patient take a full inspiration, and not allowing the fluid to accumulate in the funnel. A determined patient will generally be able, in spite of the reflex act of swallowing which ensues as the liquid trickles into the pharynx, to sputter a little of it out of his mouth. When such is the case, I pour the contents of the jug faster into the funnel, letting them accumulate in it so as to keep up a continuous series of acts of swallowing. In unusually troublesome cases I have also found it necessary to compress the other nostril so as completely to obstruct all respiration through the nose. By the adoption of either plan the patient is put out of breath, and when you pause for a moment he is glad to take a deep inspiration, and he will afterwards, as a rule, offer no interruption to the further administration of the draught, and will, perhaps, beg to sit up and drink the remainder. I need hardly insist that in these very troublesome cases a medical man ought invariably to administer the draught, as he alone can properly judge of the extent to which it is necessary to interrupt nasal respiration, and of the number of acts of deglutition it is advisable to excite continuously. At the same time if a superior education and a higher social position are calculated to foster and increase gentleness, patience, and the other humanising virtues, it may be reasonably expected that a refractory patient will be less likely to sustain an injury at the hands of a physician than of an ordinary attendant.

(To be concluded.)

CASE OF

POISONING BY IMPURE CARBOLIC ACID.

BY EDWARD SWAIN, ESQ.,

ASSISTANT MEDICAL OFFICER, COUNTY ASYLUM, BROOKWOOD, SURREY.

ELLEN C——, aged thirty, a hawker, admitted into the County Asylum, Brookwood, Surrey, May 16th, 1868, suffering from dementia, in all probability caused by intemperance in alcoholic fluids. During the morning of the 10th October following she had an apoplectic seizure, producing hemiplegia of the left side. This gradually improved, until she became able to walk without difficulty; but the use of the arm did not return, and she was much troubled with twitching of the muscles, and severe neuralgic pains in it. It is necessary to state these particulars of her history, to account for certain post-mortem appearances.

On the night of March 4th, 1869, she was ordered to take

a dose of house medicine (salts and senna), and, asking the attendant for it when busy putting the patients to bed, the latter, in her hurry, ran to the closet containing the medicines, took up a bottle holding impure carbolic acid (which is largely used here for disinfecting purposes), and poured into a medicine glass nearly an ounce and a half, of which the patient drank rapidly, not noticing the peculiar smell and taste. Immediately her lips and tongue became white; she stood with her mouth wide open, and complained of intense burning pain down the œsophagus and stomach. She took some water to relieve the pain, and experienced no difficulty in swallowing. One of the attendants attempted to produce vomiting without effect. For four or five minutes the patient spoke rationally; there was then noticed a hesitancy of speech, and this speedily became a stammer; at the same time she was perceived to totter in her walk, and would have fallen had she not been placed upon a couch, where she at once became insensible. In this state I found her on my arrival, about eight minutes after the poison had been administered. She was unable to swallow; the stomach-tube was therefore passed, and through it the contents of six eggs were introduced into the stomach, with the idea of causing the carbolic acid to combine with the albumen rather than with the coats of the stomach. Afterwards, a quantity of water containing magnesia was injected, for the purpose of removing, if possible, all its contents, and the action of the stomach-pump was reversed: this was done several times. The fluid drawn off had the intense odour of the acid. Her breathing was noticed to become more stertorous, and, as she appeared at the point of dissolution, the stomach-pump was withdrawn, and artificial respiration performed for nearly half an hour by Dr. Silvester's method. She then seemed to breathe more easily, but again became worse, and died a little more than an hour after the exhibition of the poison.

The pupils, as far as could be ascertained, were insensible to light, equal, and neither dilated nor contracted. The pulse was very frequent, small, thready, and intermittent. Her extremities were warm up to the time of her death.

Autopsy, forty hours after death.—The body was tolerably well nourished. Rigor mortis well marked. The *lips and nares* were blistered; but there was no other external abnormal appearance.—Head: The scalp was congested; the sinuses of the dura mater were gorged with blood of the colour and consistence of tar. The bloodvessels on the surface of the brain were very full. Over the right cerebral middle lobe there was a decolorised clot, of the size of a flattened walnut, binding together the whole of the membranes, and encroaching upon the brain-substance. This was tolerably healthy, but paler than is generally seen. The weight of the cerebrum and cerebellum was 44 oz.—Lungs and heart: These organs were healthy, the chambers of the heart being quite empty.—Liver: This was much enlarged, weighing 95½ oz. When incised, there was a strong odour of carbolic acid perceptible in its substance.—Spleen: On incision, this organ smelt strongly of the acid.—Kidneys: The left was much congested, quite purple in appearance, and weighing 7½ oz. The right was also congested, its weight being 7 oz. On incision, they both smelt very strongly of the poison.—Mouth: Mucous membrane and mouth were whitened.—Œsophagus: This was congested, and the mucous membrane peeled off at the slightest touch.—Stomach: Contained a quantity of brownish-red, grumous fluid, smelling very powerfully of carbolic acid. This fluid was detected down to the middle of the ileum. When washed, the mucous membrane of the stomach was found congested; this was intensified towards the cardiac end. About two inches from the opening of the œsophagus, there were two groups of spots: one on the anterior, the other on the posterior, surface. The spots varied from a line to a quarter of an inch in diameter; and each one was characterised by a central black portion, and a surrounding areola of greenish hue. About some of the spots the mucous membrane appeared abraded. On the lower part of the posterior surface, behind the attachment of the great omentum, there was a tract of green discoloration, about 6 in. long and from ½ in. to 1 in. in width. The mucous membrane of the intestinal canal did not appear to be changed.

Remarks.—There are several points of interest in connexion with this case:—

First, the rapid manner in which death was produced—viz., in about an hour. This I attribute to the injury to her system produced by her previous habits of intoxication, and by the extensive brain-lesion found, rendering her unable to resist the shock produced by so powerful an irritant.

Second, the detection by the smell of the carbolic acid in almost all the internal organs, especially the liver, spleen, and kidneys. And in this way I think a poisonous dose might at any time be detected when administered feloniously.

Third, the rapid manner in which it had made its way through the small intestines. Probably it had caused paralysis, and therefore dilatation of the pylorus, as the intestine was *full* of the brownish-red fluid.

Fourth, it was very noteworthy that no decomposition had occurred where the carbolic acid was; but below the point of contact cadaveric decomposition had commenced, and was distinctly visible, contrasting strongly with the parts penetrated by the acid.

Fifth. The green stain in the stomach gave me at first the impression that it was produced by bile; but, by its peculiar form, I became convinced it was caused by carbolic acid, together with the chemical reasons stated below. In the British Pharmacopœia, 1867, it states: "A slip of deal dipped into it, and afterwards into hydrochloric acid, and then allowed to dry in the air, acquires a greenish-blue colour." Thus, after death, the carbolic acid having by its greater specific gravity (1·065) fallen through the other liquid, it came in contact with the stomach and its secretions, of which hydrochloric acid probably forms a portion, and so the green stain may have been formed. (?)

Brookwood Asylum, March, 1869.

CASE OF DIABETES TREATED WITH THE PEROXIDE OF HYDROGEN.

By W. H. DAY, M.D.,

PHYSICIAN TO THE SAMARITAN FREE HOSPITAL, AND TO THE INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, MARGARET-STREET.

I VENTURE to hope that the following case will not be without interest to the profession, and I trust that those who have frequent opportunities of seeing diabetic patients will record their experience of the real value of this new remedy. One or two successful cases are not enough to warrant judgment of the merits of any drug; we must have case after case yield which has obstinately resisted other therapeutic measures before we can pronounce on its worth. If a remedy can be found to control the excessive loss of fluid which is going on in diabetes, and to improve the general condition of the system, we may hope, with a careful diet and regimen, to prolong life for many years in comfort, if not to cure the disease itself. The case of the late Dr. Camplin is a very remarkable one of what may be done with care and judicious management. The specific gravity of his urine, which at one time was as high as 1040, fell to 1016, and without a trace of sugar; but the improvement was more from diet than from any medicine. The good that has been achieved in the present case must be due to the medicine employed rather than to the diet, which has not been carefully observed. The patient has throughout eaten moderately of ordinary bread, and violated the rules laid down by drinking porter frequently. In other respects his diet has consisted chiefly of eggs, fish, and meat.

J. H——, aged 57, by occupation a messenger, experienced good health till April, 1868, when he became very weak and languid, lost flesh, and had no appetite. He was told by a medical man that his kidneys were sound, although at this period he passed an excessive quantity of urine. For many years he was addicted to drinking a great deal of beer, but lately he has reformed. In November, 1868, when I saw him for the first time, he was too feeble to walk across the room, and was very worn and emaciated; indeed he could not support himself in an upright posture. He was afraid to eat, from the extreme flatulence and inability to digest food. The action of the heart was very feeble. The liver much exceeded its natural limits, and there was considerable fluid in the peritoneal cavity. The superficial veins of the abdomen were enlarged. The legs were very anasar-

cous, shining and pitting on pressure, and there were dark ecchymosed spots which threatened to burst. I prescribed the nitro-muriatic acid with taraxacum and gentian, and ordered him to drink a little brandy-and-water. Two days later the specific gravity of his urine was found to be as high as 1045, and to assume the deepest brown colour on boiling with liquor potassæ. During the day and night he passed between ten and twelve pints of very faint straw-coloured urine. As the acid mixture seemed to suit, I told him to continue it, and ordered in addition two drops of creasote in the form of a pill three times a day. He also took dilute phosphoric acid with glycerine in barley-water for an occasional drink, although his thirst was less than I have ever observed before in a case of diabetes. There was another unusual feature in this case: the bowels were almost always moved regularly every day without aid from medicine.

On the 24th of December, as he was not making any satisfactory progress, I determined to give him the ethereal solution of peroxide of hydrogen in half-drachm doses three times a day, in an ounce of water, omitting all other medicine. Three days later the dose was increased to one drachm. A remarkable change for the better at once set in: the urine was reduced in quantity, and the appetite and strength improved.

Urine passed in twenty-four hours:—

1868	...	Nov. 12th	...	11 pints	...	Sp. gr. 1045
1869	...	Jan. 26th	...	7½ „	...	„ 1030
„	...	Feb. 1st	...	6½ „	...	„ 1032
„	...	„ 24th	...	5 „	...	„ 1024

March 3rd.—He has increased fifteen pounds in weight, and looks altogether another person. His liver is greatly reduced in size, and the abdominal veins are much less prominently marked. No fluid can be detected in the cavity of the abdomen, and the amount of tympanitis is only slight. There is scarcely a trace of œdema in the legs. Dr. Savage, who requested me to look after this patient, concurs with me in attributing the improvement to the employment of the peroxide of hydrogen.

Manchester-square, March, 1869.

A DESCRIPTION OF AN

IMPROVED SYRINGE-PIPE FOR HYPODERMIC INJECTION.

BY THOMAS BUZZARD, M.D. LOND.,

ASSISTANT-PHYSICIAN TO THE NATIONAL HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

THOSE of us who are most favourably disposed towards the hypodermic injection of drugs are yet obliged to allow that our patients not unfrequently object very strongly to the pain occasioned by the introduction of the syringe-tube. And we sometimes find it as hard to convince such persons that they are not being hurt as the shoemaker did to prove to Lord Foppington that his shoe was not too tight. "Your lordship," he said, "may please to feel what you think fit; but that shoe does not hurt you. I think I understand my trade!" A syringe-tube which I have lately had made will, I hope, do something to extend the hypodermic method by the facility and comparative painlessness of its introduction. The ordinary syringe-tube, it will be remembered, is of gold or silver gilt, and is tubular to the very end, which is sharpened as well as the somewhat soft material allows. Steel tubes of the same form are sometimes employed, but they quickly corrode and get choked. It occurred to me that it was quite unnecessary for the syringe-pipe to be tubular *throughout*, and that a gold tube might with advantage be fitted with a *solid* steel spear-point of the best form for penetrating the skin. At my request, Messrs. Meyer and Meltzer, of Great Portland-street, have attached a triangular steel prism to the ordinary gold tube, and thus constructed an instrument which pierces the skin as easily as the "glover's" needle, which is preferred to all others by many surgeons, and which the termination of the tube closely resembles. The advantages of incorrodibility in its tubular portion, and sharpness of point, are thus combined. The point is wiped by simply passing it between the thumb and finger.

Green-street, Grosvenor-square, March, 1869.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

CASE OF ACUTE GLANDERS.

(Under the care of Dr. DICKINSON.)

THE question of the mode of propagation of glanders from beast to man—whether by inoculation or by infection—has been a good deal discussed, and very contrary opinions have been expressed. In the case which follows, and which occurred quite recently, there can be little doubt that it was by inoculation through the wound upon the hand that the patient became affected with this most fatal, perhaps, of all disorders. For the notes of the case we are indebted to Dr. Reginald Thompson.

Richard O——, aged thirty-six, admitted Feb. 24th. He was a hunting groom, and had the care of three horses, which were reported sound; but he had lately been in the habit of visiting the stables of a veterinary surgeon. He had a scratch on his thumb on admission, but the date of the wound was not ascertained. Three weeks before admission he was seized with shivering and symptoms of fever, but he had no running at the nose. This was followed by a boil above the wound on the thumb, and another over the left eyebrow. In a week the glands of the face and neck became inflamed, and he was restless and delirious at night.

On admission, he was in a state of great prostration, and very tremulous. The hue of the face was yellowish. The glands of the head and neck were much enlarged, inflamed, and tender. The breath was very fetid, but no discharge from the nose was detected. The fauces were red, but not ulcerated. The tongue was much enlarged, indented with tooth marks, and was with difficulty put out beyond the teeth; it was thickly furred. The pulse was rapid and running, and very feeble. He had a short, frequent cough. Noisy râles were heard all over the lungs. The sputa were viscid and purulent. There was much dyspnœa, and some dysphagia; and the voice was harsh and stridulous. No other glands besides those of the head and neck were enlarged, and there was no particular eruption about the body. The urine was full of albumen. The fetor of breath was much diminished by the free use of Condy's fluid, and stimulants were given. But on the evening of the 25th his voice became less distinct; the dyspnœa and dysphagia increased; and he died from apnœa at 2 A.M. on the 26th.

The body was examined by Mr. Pick. There was a scar on the left thumb over the metacarpo-phalangeal joint, and a cicatrix as if from an ulcer on the thumb in the course of the absorbents. There was great swelling and œdema of both sides of the neck, but especially the left side; and in both parotid regions on the face. The lower two-thirds of the right lung was quite solid, and in a state of grey hepatisation. The disease was more advanced in front than behind, and the lung-tissue was completely broken down and infiltrated with puriform fluid. Under the microscope, it presented nothing but pus-corpuscles, and the débris of broken-down material. The left lung was congested. Studded throughout the lungs were numerous patches of peculiar appearance; they were of a slate colour, gradually shaded off into the healthy lung, and of about the size of hazel nuts. The lung-tissue did not appear altered except in colour. Examined microscopically, these patches presented no alteration in appearance from healthy lung. The heart was semi-contracted. There were decolorised clots in all the cavities; but with these exceptions, the blood throughout the body was fluid. The muscular structure was soft and rotten. The cervical glands were found to be

in a state of suppuration, forming circumscribed abscesses full of creamy pus. There was great swelling and œdema of the larynx above the true vocal cords, especially of the epiglottis, the mucous membrane of which was full of fluid, and transparent. The mucous membrane of the trachea was injected, and much redder than natural. The liver was large and fatty; the spleen diffluent; the kidneys were large, coarse, and congested. There was suppuration in the left parotid, not in the right. The axillary glands were natural.

ROYAL FREE HOSPITAL.

OBSTINATE CASES OF ACUTE AND CHRONIC GONORRHŒA, SUCCESSFULLY TREATED BY INJECTIONS OF GLYCERINE OF TANNIN.

(Under the care of Mr. J. D. HILL.)

PERHAPS no surgical disease is so frequently observed in hospital (out-patient) practice as gonorrhœa, and the treatment which is advocated by surgical authorities cannot in many instances be surpassed; occasionally, however, troublesome cases will arise, both in the acute and chronic form of the disorder.

In these cases, previous to the employment of any kind of local or constitutional treatment, whether alone or in combination, several circumstances, Mr. Hill thinks, have to be considered.

First, it is necessary to determine the occupation, habits, and constitutional peculiarities of the patient; or, in other words, what assistance, both from within and without, can be brought to bear upon a purely local affection. Secondly, to overcome local difficulties, which are both physiological and mechanical in character; and these may be briefly said to consist in the mobility of the affected part, its dependent position, and the occasional contact of an irritating fluid—the urine.

The treatment which Mr. Hill tells us he has extensively employed in hospital and private practice was, he believes, first introduced by Dr. Ringer, of University College, who has kindly favoured him with the following remarks:—"For some time past I have been making observations with an injection of glycerine of tannin in chronic gonorrhœa and gleets, and have found it of great use, especially in gleets, which I believe may be removed more quickly with this injection than perhaps any other. In the acute stage of the disease a little care is necessary, or great pain is caused. This may be prevented by diluting the glycerine of tannin with equal parts of mucilage. Another point to attend to is that the injection should not be injected too far, or it causes a great and frequent desire to make water."

Mr. Hill is therefore enabled to support the experience of Dr. Ringer, not only by recent cases, but also by observations on the treatment of gonorrhœa by tannin and mucilage injections extending over some years. These injections he first used in the proportion of ten grains to the ounce, but latterly, as suggested by Dr. Ringer, he found the glycerine of tannin more serviceable, slightly modified, however, as to the diluting agent.

The precaution alluded to as to injecting is probably a most important one, whatever be the lotion employed; for although in some few instances the fluid may be injected too far, in the larger number it will not be injected far enough. Now in either case the surgeon is blamed for a fault which in reality rests with the patient; and here it may not be out of place to describe the method which Mr. Hill recommends to all patients using injections:—

"The bladder having been first emptied, the bottle containing the lotion is to be well shaken, and about two drachms of it briskly poured into a saucer. This must be quickly drawn into a glass syringe with a bore in the nozzle equal to a No. 6 catheter. The penis is then to be held in the left hand, with the thumb and little finger respectively placed upon the superior and inferior portions of that organ close to the symphysis pubis, and the fore and middle fingers resting in like manner upon the superior and inferior surfaces of the glans close to the meatus urinarius. The syringe, with the piston withdrawn, is now to be taken up with the right hand, and the nozzle as far as its shoulder carefully passed into the urethra. Previous to injecting, the thumb and little finger of the left hand must compress the root of the penis, in order that the urethra be closed against the passage of any fluid beyond this point. When a sense of tension is felt, the syringe may be withdrawn; but the front fingers must previously be so applied as to compress the glans, and thus prevent any escape of fluid from the meatus. Next, with the thumb and forefinger of the right hand the fluid in the urethra is to be set in motion, and so kept for four or five minutes. This will be attended with a gurgling noise from the mixture of air and fluid. Thus, when the injection has so insinuated itself within the folds and lacunæ of the urethra as to saturate the openings of the follicles and mucous glands, and permeate the whole of the affected structure, it is allowed to escape."

It is conceived that by these means the bladder is protected on the one hand, and on the other there is a certainty of the fluid being applied to the affected surface of the urethra.

Mr. Hill has furnished us with the notes of six cases in which the glycerine of tannin would appear to have been of great service. In several, injections of zinc, lead, and alum had been employed without much benefit. The formula employed was the following:—Glycerine of tannin, three ounces; olive oil and mucilage, of each one ounce.

FARRINGDON GENERAL DISPENSARY.

CHRONIC LARYNGITIS IN A WOMAN AGED FIFTY-TWO; GREAT DYSPNŒA; TRACHEOTOMY; DEATH FROM ASTHENIA SIX WEEKS AFTER OPERATION.

(Under the care of Dr. C. R. DRYSDALE and Mr. C. J. SMITH.)

TRACHEOTOMY greatly prolonged life in the following case; and it is of course a question whether, had it been performed earlier, a cure might not have resulted. The subject is one to which attention was directed at the Clinical Society, in consequence of a paper read, if we remember rightly, by Mr. Bryant, in which very early interference was strongly advocated.

Mrs. H——, aged fifty-two, became a patient in the first week of October, 1868. On being first seen by Dr. C. Drysdale, she was found to be exceedingly hoarse, not being able to speak above a whisper. By her own account, this affection of the larynx had come on suddenly after a violent cold, while she was living badly and was very ill-lodged. On inspection, the epiglottis was plainly seen, very much enlarged and œdematous. The laryngoscope showed the same appearance at the back of the epiglottis, but, owing to a large quantity of glairy mucus being present, it was impossible to get a view of the true vocal cords or the interior of the larynx. The throat was painted outside with iodine paint, and the interior of the larynx swabbed with a strong solution of nitrate of silver. Subsequently, the epiglottis was twice scarified, and a solution of tannic acid and other astringents were used without effect; the patient taking at the same time cod-liver oil, and occasionally a solution of iodide of potassium, which latter medicine, however, she had great difficulty in swallowing, and took but rarely in consequence. Frequent fits of threatened suffocation took place during the months of October and November, and the patient urgently demanded that something should be done for her relief. Under these circumstances, it was determined to give her the chance of recovery which might be afforded by tracheotomy.

On Dec. 15th, Mr. Smith performed tracheotomy at the patient's home; ether spray being applied along the proposed line of incision, which was carried from the cricoid to the sternum. The edges of the sterno-hyoid were held aside by tractors, and the dissection being continued, a large vein was found running down the median line, and opening into the left innominate, which was unusually high. This was held out of the way, and the trachea being exposed, three of its rings were divided. There was not the rush of air and spasmodic coughing to which one is accustomed upon opening the trachea. The patient declared herself greatly relieved, and the dyspnœa, which had been very severe, vanished as if by magic. Except a little oozing, there was absolutely no bleeding; so without delay an ordinary double tube was introduced, and the patient put to

bed. She took a little wine and water after the operation, though previously she had been quite unable to swallow it. Seen in the evening at half-past seven, she was found in comparative ease, breathing perfectly well.

For about a month she went on apparently improving and gradually gaining strength, but with continued severe soreness of throat, which quite prevented her taking medicine or wine, or indeed anything but the blandest fluids and simplest articles of diet, beef-tea given in jelly even causing her great distress. Still she managed to take large quantities of milk, eggs, sponge cakes, oysters, &c.; and on January 14th and 15th she contrived to swallow a pint of wine without much pain.

Jan. 20th.—She appeared weaker, her appetite failing; and from this time she rapidly sank, and died on the 28th.

Dr. Drysdale made a post-mortem examination of the throat, and his notes are appended:—

Autopsy, thirty-six hours after death.—Body extremely emaciated; rigor mortis well marked. Owing to the patient's relatives being Irish Catholics, there was some difficulty in examining the body, and hence only the trachea and larynx were examined. The epiglottis was found to be extensively ulcerated, nearly one half of its dimensions being eaten away. There was much thickening of the parts around the arytenoid cartilages, the false vocal cords were ulcerated, and the space between the true and false cords was full of purulent matter, the tissues adjoining being all much thickened and inflamed. The appearances were those of simple inflammation of the larynx, and there was no implication of the gullet or neighbouring organs.

MISCELLANEOUS CASES.

WITH this heading we propose to furnish from time to time a column which shall contain a brief reference to medical and surgical cases *under treatment at the moment* in various hospitals. Our aim will be to provide a sort of index to cases of disease, so that scientific workers in various directions may learn in what quarter they can see for themselves, or gather information respecting, a patient whose malady especially interests them. Registrars, house-physicians, and house-surgeons have it in their power to increase materially the utility of this column of reference with very little personal trouble; and we rely with confidence upon their help in a work intended particularly for the mutual convenience of those engaged in the study of disease as it is presented in the wards of our hospitals.

IN UNIVERSITY COLLEGE HOSPITAL, the following are amongst the cases at present under treatment:—

1. *Phantom tumour.*—Sir Wm. Jenner has a case of phantom tumour. There is globular resonant distension of the whole abdomen. The woman is hysterical, and passes almost neutral urine. A short time since Dr. Reynolds had a case of similar kind in the hospital. Having placed the woman under the influence of chloroform, and thus reduced the tumour, he had her laced up very tightly, so that, on recovering consciousness, fresh distensions could not take place. She left the hospital cured, at least tem-porarily.

2. *Diabetes.*—Under Sir Wm. Jenner, Dr. Reynolds, and Dr. Wilson FOX, there have lately been three cases of diabetes treated by peroxide of hydrogen. One patient died, one went out unrelieved, and the third remains under treatment. The conclusion arrived at has been that the remedy was useless. No effect was produced upon the quantity of sugar or water. So long as his diet was not restricted the existing patient did not improve.

3. *Rheumatoid arthritis.*—Under Dr. Reynolds's care is a very characteristic example of this obscure malady. A woman, aged thirty, has great enlargement of various joints—knees, knuckles, and wrists, of two years' duration, with grating and severe pains, worst at night. No evident cause, incidental or hereditary. She is taking syrup of iodide of iron and cod-liver oil.

4. *Aneurism of descending aorta.*—A woman, aged forty-two, under the care of Dr. Reynolds. She was a patient at Christmas, 1867. There was then hoarseness of voice, which is no longer observed. She has never had contraction of the pupil. The swelling begins below left clavicle, and extends downwards, projecting much, to within an inch of the nipple. Outwards it passes to the axilla, and inwards to the sternum. She noticed the swelling a year and a half ago, but six months before had suffered from giddiness in the head, and vomiting. There is a rough systolic bruit; second sound inaudible.

5. *Tapping in pleurisy.*—Dr. FOX has a man under his care with pleurisy, who was tapped by Mr. Berkeley Hill a short time since, and a pint of fluid let out. The sixth interspace, right side below axilla, was the point at which a trocar fitted with india-rubber tubing was inserted. To avoid the entrance of air, the tube was made to discharge its contents under water. The wound was closed immediately, and remains healed. The man was greatly relieved.

6. *Epithelioma of the larynx.*—Under Mr. Marshall's care is a young man with epithelioma of the larynx. He is fed by the stomach pump. Inhalations of iodide of potassium, and sipping of morphia with glycerine, are amongst the palliatives which have been tried, but without any relief to his distress.

7. *Necrosis in the neighbourhood of the shoulder-joint.*—Under the same surgeon's care is an interesting case of extensive disease of bone surrounding the shoulder-joint, but not involving it. Bits of bone have been removed, and the man moves pretty freely a joint which at the first aspect looks seriously involved.

8. *Division of femur for bony anchylosis.*—Mr. Erichsen has cut through the femur of a young woman thus affected, in accordance with the plan recommended in America, by Drs. Bauer and Sayre. The head and neck of the bone had been absorbed, and so had a great part of the acetabulum. The bone was sawn through as close to the pelvis as possible. There is a rather large longitudinal wound down the outside of upper part of thigh, but the patient seems to be doing well.

Foreign Gleanings.

A SEVERE CASE OF TETANUS; RECOVERY.

A RAILWAY GUARD, under the care of Dr. Ademollo, of the Hospital of Grosseto (Italy), had met with a gunshot wound of the foot, which shattered the whole plantar portion. The case went on satisfactorily for seventeen days, when trismus was observed. Tetanic symptoms soon supervened, and Dr. Ademollo began treating the case energetically. For eleven days various sedatives were used, and the patient eventually left the hospital in good condition. The details of the case are long, but interesting. The following items will show that no reliance was placed in expectancy:—During the above-mentioned eleven days the man took internally 85 grains of extract of opium, one ounce of laudanum, 5 grains of acetate of morphia, 45 grains of extract of belladonna, 34 grains of extract of hyoscyamus, 80 grains of assafœtida, and 123 grains of camphor. As outward means, he had half an ounce of extract of opium, almost an ounce of tincture of opium, more than an ounce of extract of belladonna, and thirty-four warm baths.—*L'Imparziale* of Florence, Dec. 16th, 1868.

PHOSPHORUS IN CATARACT.

We alluded, some time ago, to M. Tavignot's practice in Paris, respecting his success in curing cataract, without operation, by means of instillation of phosphorus oil, and frictions round the orbit with phosphorus ointment. We now find in *L'Imparziale*, of Florence, of Feb. 1st, 1869, that Professor Gioppi has written to the *Gazette Med. Prov. Venete*, of Dec. 26th, 1868, to the effect that he has used this treatment in six cases, which all proved failures. He carried on the treatment for a fortnight, and, finding no change, operated in the ordinary way. Perhaps the time allotted was too short. The professor says, however, that he means to go on trying Tavignot's process.

CALABAR BEAN IN TETANUS.

In the *Gaz. Méd. de Paris* (Feb. 20th, 1869), we find a case of tetanus mentioned by M. Bourneville, in which the Calabar bean was used unsuccessfully. The patient was a boy, nine years of age, whose knee had been severely wounded. Amputation was proposed, but the parents refused, until evident signs of trismus appeared. They at last consented to have the limb removed, but the spasmodic disease made regular progress, in spite of the steady use of the Calabar bean, and the boy died five days after the amputation.

THE LANCET.

LONDON: SATURDAY, MARCH 20, 1869.

CONTINUING the subject of Hospital Reform from the point at which we left it last week, we have next to consider the claims and rights of subscribers; and these, although often very seriously treated, are in reality extremely simple. In so far as an hospital has endowments, the accumulated gifts of former subscribers, these gifts are clearly held in trust for the public good, to promote the greatest happiness of the greatest number. In so far as it depends on annual subscriptions, the subscribers must be considered as having some definite object in view. They either wish to benefit mankind, or to receive a *quid pro quo*. In the former case they will be ready to waive all privileges of recommendation; especially when it is considered that these privileges are in principle not only unsound, but indefensible. There is absolutely nothing that can be said in their favour; and it would be waste of time to argue against them. In the latter case it is the duty of the managers to see that no subscriber receives more than he pays for. To take the money of A, who gives to benefit the sick poor, and to use it to supplement the inadequate money of B, who gives in order that his household may be freed from the trouble of a sick servant, is robbery. B should receive nothing that he does not himself pay for. Subscribers desirous of a *quid pro quo*, if permitted at all, should form a separate list; and when their purchased privileges were exhausted they might be allowed to purchase more, so long as their nominees were not improper recipients of hospital relief, and did not exclude more urgent cases. The *quid pro quo* subscriber should also, we think, be made to pay a fee to the hospital medical staff. Physicians and surgeons are glad to be associated with the charitable in works of mercy; but they ought not to attend B's nominees for nothing, merely because B chooses to hire a bed in an hospital.

In country hospitals, and probably in many London hospitals also, the privileges of subscribers greatly curtail the income of the charity. Let us say that it is necessary to give two guineas in order to have a recommendation. The vast number of people who cannot afford, or do not choose, to give two guineas, will not give anything at all. Hundreds of smaller subscriptions would be obtained, and the foundations of the hospital would be laid in the minds of all classes, if recommendations were at once abolished. As it is, county hospitals are supported almost exclusively by the county gentry. We believe every country hospital in England might double its income in two years if recommendations and days of entrance were abolished, and if it was really and practically free to the sick poor.

The requirements of medical students cannot be so readily dismissed. It is perfectly true that the vast number of people who crowd the out-patient rooms are suffering, as a rule, from ailments that are of little value for the purpose of clinical instruction, and that the pupils would lose nothing by their absence. But, on the other hand, these rooms act as filters, and separate useful cases from the mass. If the physicians and surgeons are watchful, the opportunities of the students will increase nearly in the ratio of the number of patients; but it must not be forgotten, on the other side of the question, that these opportunities are likely enough to be buried and lost sight of among a multitude of applicants. It seems desirable that the great bulk of the present out-patients should be kept away from the school hospitals; and that these should be fed with a sufficiency of selected cases by means of a process of filtration carried on elsewhere. The students would then retain all their present advantages, and would be saved from seeing the hurried examination of disease that is now too often practised.

The very natural desire of the physicians and surgeons to obtain patients who may be indirectly serviceable to them is believed to have led, in some general hospitals, to the admission of the servants of the wealthy, and, in some special hospitals, to the reception of out-patients who, when no longer well enough to attend, were well enough off to pay the doctor to attend them. We would not criticise this sort of thing too harshly; but we would check it for the future. As hospital abuses go, it is far from being the worst. But hospital physicians and surgeons have legitimate means of gaining reputation through the members of their own profession; and the less they appeal to "externs" the better.

The requirements of practitioners who are not themselves attached to hospitals are, as we have already mentioned, of two principal kinds. Ambitious men wish to infringe the hospital surgeon's practical monopoly of operating and consulting practice, and men who are not ambitious wish to receive modest fees from many people who now are treated as out-patients. Would anyone be hurt by the fulfilment of either desire?

The reply to this question involves, really, the further question whether medical men, as a body, are fit for their duties in life. It unfortunately happens that the interests of consulting practitioners are at direct variance with the duties of medical teachers. Consulting practitioners would thrive best upon a state of things in which general practitioners felt themselves unequal to arduous responsibilities; while it is the plain duty of medical teachers to do all that is possible to prepare students to act, in all emergencies, with well-founded decision and self-confidence. It is possible that the considerations arising from the personal interests of consulting practitioners may have had some influence in unconsciously swaying their minds towards a lower standard of general medical efficiency than might otherwise be thought desirable; but it is unnecessary to say that no such influence would be allowed by any teacher to present itself consciously to his mind, and that the present standard of medical education is that which represents, on the whole, what is thought to be the best compromise between an ideal on the one hand, and the practical requirements of life on the other. And although in a large body like the medical profession there must be

many who are more or less deficient in the gift of healing, yet still any imperfections of education are so largely made good by the daily teachings of professional work that even those who are least satisfied with the present state of our schools find no difficulty in admitting that English surgeons and physicians obtain, as a rule, a very high standard of practical excellence. With regard to the great operations of surgery, there is much to be said in defence of the hospital point of view. The hospital training is chiefly valuable for the strength that it gives against unforeseen emergencies, against irregularly distributed bloodvessels, against unexpected complications of any kind. The value of large experience in the details of operating is not felt in every case; but it may be felt in any case; and if the existing monopoly be objectionable, it should be weakened by opening the doors of hospitals more freely to the profession, rather than by throwing operations more into the hands of those who are without. With regard to the other cases—the patients who are the recipients of hospital relief gratuitously, when they ought to pay small fees to the general practitioners of their respective localities,—we cannot but feel that the general practitioners have a real and undeniable grievance, one which any reform worthy the name would either remove or greatly modify. And it cannot be pretended that the patients derive any advantage beyond the pecuniary saving, against which must often be set improper exposure to weather and to changes of temperature, long waiting in the vitiated atmosphere of crowded rooms, and the injurious fatigue and worry of the whole expedition. It must be remembered that the treatment of hospital out-patients is necessarily limited to the administration of physic; and that, even if time were given for the formation of a careful diagnosis, time cannot be given for the instruction of the sufferer in the many matters that are brought to the aid of physic in the case of the in-patients, or in the hands of the private practitioner. When we have said of the overgrown out-patient department that it affords a mass of material out of which nuggets for clinical instruction may sometimes be washed, we have, we think, exhausted all that can be urged in its favour.

We come, lastly, to the claims of the public upon hospitals and upon the profession; and on this head we have little to add to what has been stated in a previous article. The public have a right to expect that all proper recipients of hospital relief should be able to obtain it promptly and effectually; that the sickness thus gathered together should be made available, in the best possible way, for teaching purposes; and that no money should be diverted from these objects, in order to find physic and doctors for nothing for those who are able to provide these necessaries for themselves.

In our next article we shall offer for consideration an outline of the plan by which we think the legitimate objects of all parties to the question might be attained, and their conflicting interests reconciled or balanced.

THE motion of Mr. CURLING, carried last week in the Council of the College of Surgeons, deserves more than the passing notice we were able to afford it in our last issue. The proposition to include midwifery in the examination for the ordinary diplomas of the College may be regarded as another milestone on the road towards a joint examination by the London Colleges which will confer a double qualification; and this has now been passed as satisfactorily as the previous stones, with "physiology" and "medicine" written upon them. Shades of HOME and COOPER, the race of so-called *surgeons* who were supposed to know nothing except surgery will soon be a thing of the past! The College charter of 1852, as is generally known, provided for the appointment of a Board of Examiners "for the purpose of testing the fitness of persons to practise in midwifery, and of granting certificates of such fitness;" thus recognising the practice of midwifery by its Fellows and Members for the first time. But it is not so generally known that this same charter, by its seventh clause, for the first time rendered gentlemen practising this branch of their art eligible for a seat in the College Council. In the former charter it had been expressly ordained: "Nor shall any Fellow be eligible whilst practising midwifery or pharmacy, or who shall have practised midwifery or pharmacy at any time during the five years next preceding the day of election." But the clause we have referred to merely states that "no Fellow who, at the time of election, shall not be in the *bonâ fide* practice of his profession as a surgeon, or who shall be practising as an apothecary, shall be eligible as a Member of the Council of the College." Thus there is really nothing to prevent any Fellow of fourteen years' standing aspiring to the Council, although in "general practice," provided he does not act as an apothecary—i. e., supply drugs to his patients.

In the sixteen years which have elapsed since the formation of the Midwifery Board about a thousand gentlemen have passed the examination, the great majority being already members of the College, but some few taking simply a licence to practise midwifery, which they are now permitted to register as such. It has, however, happened that candidates have been rejected at this examination. Thus in the last two academical years we find that out of 105 candidates, 15 were referred for a written examination, and no fewer than 14 were "plucked" outright. It seemed, no doubt, to Mr. CURLING and other members of the Council, an absurdity that men who had been pronounced qualified to practise the whole art of surgery should thus be found wanting in the part of it (for midwifery is strictly chirurgical) which they were most likely to practise; and most of our readers will doubtless cordially agree with them, and will rejoice to see the College make another effort to fulfil its proper functions.

The midwifery licence has hitherto borne a separate fee, and it will be a question for the Council to decide whether or not the examination shall be included in the general fee for the diploma. Hitherto the examination has been looked upon as an *extra* qualification, and Members have been willing to pay for it; but when it becomes an essential part of the ordinary examination it should be on the same basis as medicine. Members prior to 1853 have hitherto paid two guineas, and their juniors three guineas; whilst outsiders have been charged ten guineas. The average annual income of the College from this source of late years has been rather over a hundred pounds, of which sum one-

half has gone to the Board of Examiners. These gentlemen must, of course, still be remunerated; and it will probably relieve the Council from a financial difficulty if it allows the examinations for the licence in midwifery to be continued as a species of honours examination, the Board being available thus for the examination of those candidates for the membership who have not undergone an examination in obstetrics elsewhere.

THE letter of Dr. MORRIS, of Spalding, which we publish in another page, has been unavoidably delayed insertion for a week by the pressure on our columns. Dr. MORRIS, as might have been anticipated by those who know the energy of his character, professes his willingness to act as treasurer of a fund to defray the expenses of, and will be ready to take the initiative in calling, a meeting of the Fellows and Members of the College of Surgeons to express their views upon the present mode of electing their representative in the General Medical Council. An open discussion of this matter cannot but lead to very important results, for, if backed by numerous and influential names, the College Council, or at least the junior part of it, will hesitate to set the Fellows and Members as one united body at defiance. It is essential, however, that they should be thoroughly united and in earnest in what they seek, and the best proof of this will be the numerous rather than large subscriptions which will find their way to Dr. MORRIS during the next week or two.

Discussion within the College walls on any matter affecting the interests of the Fellows and Members is strictly forbidden by the bye-laws we printed a month ago, unless indeed the meeting should be "by or under the authority of the President or Council." Mr. QUAIN, who in June, 1865, and on the eve of his election, made such profuse professions of his "earnest desire to aid in bringing the Council, the Fellows, and the Members of our noble institution, now too widely separated one from the other, more and more into mutual confidence and union," still fills the President's chair, but makes no sign of summoning a meeting, unless it be to hear himself discuss the principles of elementary education. The Vice-Presidents, Messrs. COCK and SOLLY, whose periods of account to the Fellows is close at hand, as yet make no sign; and we suppose, therefore, the Fellows and Members will have to fall back, as heretofore, upon the Freemasons' Tavern as a place of meeting.

As regards the right of discussion at the election in July, it is not to be forgotten that there is a power vested in the Secretary of State for the Home Department of approving (and *a fortiori* of disapproving) the bye-laws of the College of Surgeons prior to their ratification. The Secretary of State has never yet been asked to interfere with the bye-laws after their approval, but it is probable that, under the charter, he possesses a power of withdrawing official recognition of any laws which should be proved to be detrimental to the public weal. No unbiased person can read the bye-laws regulating the meetings of Fellows and Members, published in THE LANCET of Feb. 20th, without feeling that they are calculated to fetter the liberty of the subject in an unjustifiable manner; and we throw out the suggestion that Mr. BRUCE's attention should be called to them, and to the necessity for his interference.

Failing relief from the Council in the matter of the election of a representative in the General Medical Council, it will remain for the Fellows and Members to have recourse to legal assistance, and to make the support of their rights one of the tests of candidates for election into the College Council.

Medical Annotations.

"Ne quid nimis."

THE FINANCIAL ASPECTS OF THE PROPOSED ROYAL ACADEMY OF MEDICINE.

WE have already placed before our readers the outline of a proposed plan by which the chief medical societies of London shall be united, to constitute a Royal Academy of Medicine. The privileges enjoyed by fellows or members of such an Academy will be very considerable, and the advantages to be derived from co-operation cannot be overrated. But, in forming the financial arrangements of the future Academy, it is necessary to recollect that wealthy men are the exception, rather than the rule, in our profession; that societies flourish in proportion to the number as well as the position of the members; and that hence it is very desirable to bring the benefits of the proposed institution within the reach of all practitioners. The present flourishing condition of the Obstetrical Society is doubtless due, not only to the interest naturally taken in its proceedings by general practitioners, but to the fact that no entrance fee exists, and that the annual subscription is but a guinea. It appears to us that the proposed scale of fees for the fellowship of the Royal Academy of Medicine is somewhat heavy, and will, without doubt, be beyond the pockets of many rising men in the profession. We shall probably be told that a high scale of fees will keep the Academy select. Select in what way? Shall we uphold a selection of wealth *versus* a selection of intellect, and endeavour to maintain that the largest portion of this world's goods is invariably obtained by the man of genius? It is known perfectly well that talent and money do not always go together—that many, nay most, of the best men in the profession, particularly in London, commence the business of life with very shallow purses indeed. Is it right, then, to exclude these men, whose intellectual faculties are reaching their prime, from the benefits of such an institution, and practically to bar them out until the time arrives when increase of years and constant occupation make them less ardent in, and give them fewer opportunities for, philosophical discussion on professional subjects? We think not; and it is in this spirit that we commend the foregoing remarks to the consideration of those who have inaugurated this very desirable project.

THE PATHOLOGICAL SOCIETY.

IT is satisfactory to find that our strictures on the mode in which the proceedings of the Pathological Society were conducted have had their effect. The meeting on Tuesday evening was really an interesting one, for the reason that there was some discussion. Mr. Myers explained pretty fully the way in which he considers that undue pressure is brought to bear upon the neck and its vessels by the present tight tunic of the soldier. He had several soldiers in attendance, and exhibited upon them the existing, the suggested, and the Austrian pattern of tunic. It was seen

that from the last-named the hook or clasp was absent, and the first button was over the sternum at its uppermost part, there being no pressure on or about the neck; whereas the reverse was the case in the pattern now in use.

A discussion took place as to the best name for the morbid condition generally known as lardaceous disease or amyloid degeneration. Dr. Dickinson believed that "depurative" was the best, and suggested that a committee should be appointed to draw up a report on the subject. Dr. Moxon contended that "lardaceous" was the best term for the well-marked disease which presents a bacony appearance, and "amyloid" for the minor phases. Dr. Wilson Fox thought that the conditions of disease termed "albuminous," "waxy," "lardaceous," and "amyloid" were related, and that it scarcely mattered which term was used. Dr. Legge suggested that the term "albuminous" should be confined to that form of degeneration seen in rickets, as described by Sir Wm. Jenner. Finally, a committee, consisting of Drs. Wilks, Bristowe, Dickinson, Wilson Fox, Andrew, and Marcet, was appointed to report on the subject.

An admirable specimen of miner's lung was shown by Dr. Greenhow. It was taken from a boy who had worked all his life in the mines, who suffered from bronchitic asthma, and who for ten days before his death expectorated a large quantity (about four ounces daily) of dark thick fluid, and then rapidly sank and died. A large cavity was found in the lung, and the other usual appearances. The point of interest was the explanation given by Dr. Greenhow that the dark deposit was not due to the inhalation of particles of coal, but of soot; Dr. Greenhow having found that the diseased condition was most marked in those who breathed the atmosphere most charged with soot and smoke of candles.

The last specimen was one of tuberculisation in a young guinea-pig, the offspring of animals in which tubercle had been induced artificially by inoculation. The young guinea-pig which furnished the specimen had died spontaneously, and every precaution had been taken to avoid fallacy. In no other case out of two hundred guinea-pigs that had passed through Dr. Fox's hands had tubercle appeared, save after its artificial production.

PROFESSIONAL CHARGES.

IN a recent number of THE LANCET we took occasion to refer to the charges that should be made by general practitioners when imperatively called upon to travel long distances, and we expressed a fear that neither the public nor the profession quite realised what good grounds there are for a high rate of remuneration under such circumstances. Both the public and the profession, however, have been made acquainted, by the law reports of the past week, with the existence of a gentleman named Dr. James Clark, who lives near the Regent's Park, and who, although M.D. of Edinburgh, is a general practitioner, and dispenses his own medicine. It appears from *The Times'* report that he was employed to attend two young ladies, wards in Chancery, who were at school at St. John's Wood. The elder, aged seventeen, had only a trivial illness, for which Dr. Clark's charges amounted to £20 9*s.* 6*d.*, "being at the rate of one guinea a visit, or half a guinea when he saw her sister also." The younger sister had measles, and was seriously ill for many weeks. Dr. Clark paid her 125 visits, and, when she left town for change of air, he visited her twice at Worthing, and thrice at Brighton, doing so "under his general authority to attend the patients." He charged one guinea for each of the 125 visits, thirty guineas for each visit to Worthing, and twenty-five guineas for each visit to Brighton, and a final item of forty guineas for "correspondence and sundry consultations and interviews with the solicitors and other parties interested." In this way he made up a charge of more than three hundred pounds for a few weeks' attendance on two school-girls, and refused an offer of 100 guineas made to him by the guardians. The Chief Clerk cut down his claim to £82 13*s.*, and the doctor appealed to the Court. The Master of the Rolls inquired whether the guardians would repeat their offer of 100 guineas; and, being answered in the affirmative, dismissed the summons with costs, saying that this sum was more than Dr. Clark was entitled to.

We notice this case chiefly in order to point out that, as far as we can gather from the report in question, there was nothing to call for the visits to the seaside. If Dr. Clark charges all gentlefolk in St. John's Wood a guinea a visit, and is well known to do so, then (but not otherwise) he was morally justified in making this charge to the young ladies. But a doctor called upon to attend wards is placed in a position of trust; and, before going to Worthing or to Brighton, Dr. Clark was bound to ask himself whether his visit was necessary. Highly skilful practitioners would have been ready, in either place, to pay the visit for half a guinea; and it was entirely wrong to put the patients to an expense of £141 15*s.* instead of £2 12*s.* 6*d.*, for five professional visits, without a plain declaration, from some one with authority to decide, that the difference between the services of Dr. Clark and those of a local physician was equal to the difference between the two amounts. It is so seldom that a medical practitioner can be charged with abusing his professional opportunities to his own profit, and the present case, as far as it is made public, bears so much that aspect, that we hope Dr. Clark will feel it to be due to his brethren that he should endeavour to justify his demand. The points which he should establish are—first, that he ordinarily charges a guinea a visit, near his home, in his general medical practice; and, secondly, that he went to Worthing and Brighton for grave medical reasons, and under competent authority. We shall wait with interest for his defence; and, for his own sake, as well as for that of the profession, we trust it may be speedy and complete.

SPECIAL APPEALS.

SPECIAL appeals are now the order of the day, and the bad example set by the vice-chairman of one of our recognised general hospitals in vaunting the special attractions of his institution has met with a host of imitators. Perhaps the most offensive against good taste is the special appeal put forth by the *Samaritan Free Hospital*, which has been dropped into most of the letter-boxes in the neighbourhood of Grosvenor-square. The first page sets forth the names of the officers of the institution, upon the consulting staff of which we need hardly say Sir Wm. Jenner and Sir Wm. Fergusson appear (for there are few *special* hospitals these medical baronets do not patronise). The second page gives the names of the Committee of Management and of the Ladies' Committee, from which latter the special appeal is said to emanate. Space will not allow of our giving the whole of the document, and we must content ourselves with quotations, the italics being our own:—

"The above-named ladies desire urgently to press upon the ladies of England the benefits and claims of an institution which has received amongst its patients sufferers from every part of England and Wales, as well as from Australia, Germany, and France. *Owing to the wonderful success which, by God's blessing, has attended the operations performed here for ovarian tumour*, a disease common alike to rich and poor, applications for admission are almost daily received from poor women suffering from this grievous and otherwise incurable complaint. ..... Nor are the benefits of

this hospital confined only to the suffering *bodies* of its inmates. By the unwearied attention and able ministrations of its excellent chaplain, aided by the labours of the lady visitors, many, it is believed, have found within its walls rest to their souls, and have left it, not only with renewed life, but with the resolution, by God's help, to devote that life henceforth to His service.....Will *each* lady, recognising the claims of their common sex, contribute according to her means to place *one* poor sufferer within reach of *the hands* which may, under the Divine blessing, restore her to life and health, to her family, and to her home?"

Whatever the benefits which the patients of this hospital may derive from it, we are not aware that it is in any way peculiar in possessing a chaplain and lady visitors. The taste, therefore, of parading "rest to the soul" as part of the *solatium* to be obtained is more than doubtful. As the hospital, on the first page of its appeal, is stated to have but one surgeon to in-patients, it savours somewhat of personal glorification to find "*the hands*" of the gentleman in question made subjects of special reference and appeal in its last paragraph.

HOSPITALS AND PATIENTS.

THE meeting of the M.C.B.A. on Wednesday night, to continue the discussion of the questions relating to hospital management, was of a sufficiently lively character. The question of the admission of patients by governors' letters occupied the first hour, and the general conclusion seemed to be that the abolition of governors' rights would confer benefit on the hospitals, the patients, and the governors themselves; but that some system by which the free admission of patients should be scrutinised and regulated was most desirable.

The question of special *versus* general hospitals occupied over two hours, and the discussion, when once the ice had been broken by Dr. Beigel, was well maintained. Whilst complimenting Messrs. W. Coulson, Morell Mackenzie, and Teevan, on the ability they displayed in "special" pleading on behalf of their own institutions, it appeared to us that their arguments were fully met by the statements on the other side, and especially by Dr. Down, Mr. Heath, and Mr. Hart. It was not shown that all that was accomplished by special hospitals cannot be equally well performed by special departments of general hospitals; and until this is done, the necessity for separate establishments cannot be held to be proved. The meeting concluded with the nomination of a committee to investigate and report upon the whole question. We shall defer a report until our next issue.

DRUGS FOR THE SICK POOR.

THE supply of drugs for the poor is one of those subjects which urgently demands the attention of the Poor-law Board with a view to regulation. Many boards of guardians now provide the drugs for the sick in workhouses by contract,—a method which is open to very serious objection, as it is all but impossible to secure freedom from adulteration. There is little difficulty in determining the genuineness of tea and sugar, and the senses of taste and smell can easily be brought to bear; but not so in the case of drugs, which often require chemical skill and peculiar knowledge to determine whether they are pure or not. The price of scammony varies from 12*s.* to 40*s.* per pound, and the virtue of a tincture may easily be destroyed by a pandering to dishonest cheapness. Moreover, before the medical officer is called upon to express his opinion as to the quality of the drugs supplied, he being at present the only person competent to judge, he ought to be fortified with some assurance that they have been purchased of an honest person at a fair price. At present there is no such guarantee, and as the false economy of guardians of the poor is often most conspicuous, it is only just that the purchase of such important articles should be subject to the regulation of the Central Board. Moreover, we should not envy the position of a workhouse medical officer who should be continually complaining of the quality of the drugs supplied, especially when it is known that the druggist who supplies them is a friend or relative of some member of the board. The inspection of drugs ought now, therefore, to form a portion of the Poor-law inspector's duty, and the necessity affords an additional reason why technical rather than legal knowledge is imperatively required.

These remarks are not intended to cast any slur upon the practice of any particular boards of guardians; indeed, many both pay good prices and go to respectable wholesale houses. But there is room for jobbery, the more fatal as it concerns the welfare of the sick. We therefore hope that, as the proper practice of the guardians finding drugs extends, the Poor-law Board will authorise the inspectors to take cognisance of the kind supplied and the prices paid for them.

THE CONTAGIOUS DISEASES ACT AT DEVONPORT.

OUR annotation under this heading three weeks back has given rise to some discussion in the *Western Morning News*. Mr. Thomas Woolcombe, chairman of the Managing Committee, wrote to that paper, immediately upon the appearance of our article in its columns, to deny in general terms that any radical alteration in the general management of the Lock wards was intended; but was answered by Mr. W. Oliver, one of the Committee of the Royal Albert Hospital, endorsing the sentiments of our article, and protesting against the transference of the whole working of the Act to one Government official. This has been followed by an able article from the pen, we assume, of a layman, which the editor of the *Western Morning News* thought well to preface with a few cogent reasons for its appearance in a daily journal.

In this article a comparison is drawn between the methods of working the Contagious Diseases Act at Plymouth, Portsmouth, and Aldershot, showing the drawbacks to the present divided authority of the War Office, Admiralty, and police, and the unfairness with which the medical officers of civil hospitals are treated.

"At Aldershot the whole of the medical work—examination, inspection, and subsequent treatment in hospital—is carried out by one paid man. It is to be assumed that this will not be continued; the system is highly dangerous, and cannot be defended. At Devonport and at Portsmouth the medical treatment is performed by unpaid men—i. e., the medical staff of each hospital,—whilst the visiting surgeon in one place is paid per case, and in the other receives in pay and allowances about £800 per annum. There is, therefore, a waste of public money to the extent of £1700 or £1800 per annum on the item for inspection only in two places; whilst officers of each hospital staff, having the more arduous duties of treatment, are unpaid; added to which their services are hardly recognised, if not altogether ignored, except by medical men."

The rate of £30 per bed, which the Admiralty has been paying at Devonport, is stated to have left a balance of about £900 in favour of the hospital last year, but only because the medical staff is unpaid. In any general Act of legislation, such as we hope to see brought forward in connexion with Lord Lifford's Committee of last year, it is obvious that provision must be made for the due remuneration of the medical officers treating the patients placed under their care by Act of Parliament. We quite agree with the writer of the article in question, that periodical examination, which was the great feature of the Act of

1866, must be extended and enforced in any future legislation. It will be remembered that the Devonport authorities, among whom we may, we suppose, class Mr. Woolcombe, showed great unwillingness to bestir themselves in this part of their duty; and it is only since we called attention to their remissness that the work has been properly carried out. Perhaps the following extract from the article we have referred to may explain some of the difficulty:—

"At Aldershot it is the interest of the medical man in charge of the station to make the working look well on paper. There is no check; he inspects, he treats in hospital, and he discharges—in other words, is plaintiff, judge and jury, and defendant all in one. In Portsmouth, where the payment is per head, it is obviously the interest of the visiting surgeon to examine as many cases as possible. At Devonport, be the amount of work large or small, well done or otherwise, the salary and allowances are fixed."

BRIGHTON DRAINAGE.

IT is extremely satisfactory to observe the boldness and vigour with which the Brighton press is now attacking the monstrous folly of discharging the sewage of a hundred thousand people upon a sea-beach which is the resort of invalids in search of health. The *Brighton Observer*, after commenting severely upon the indifference of the local authorities, doubts their ability to deal with the whole subject in any off-hand way. It states with truth that "the slumbers of these local magnates can only be aroused by a sharp dose of LANCET and *Daily News*," and that it is scarcely reasonable to expect the public to receive their advice as the indisputable emanation of omniscient wisdom. The *Observer* asks for a "full, deliberate, and intelligent inquiry, not only into the patching-up scheme, but into the broad and momentous question—Shall the filth of Brighton be suffered any longer to pollute the sea? The answer to that question involves the future of Brighton. In other words—Shall Brighton retain her proud title, 'the queen of English watering-places,' or shall she be degraded from her high rank and sink to the level of plebeian Margate? Tradesmen tell us in doleful tones that *the season* is not what it used to be, either as to the numbers or the rank of their customers; and medical men are beginning to shake their heads when Brighton is recommended for its health-inspiring breezes. Of course it is disagreeable to hear such things, but still they are facts that cannot be pushed aside; they must be boldly looked in the face; they demand action, immediate, vigorous, and intelligent."

We very cordially endorse these views, and we would remind the inhabitants of Brighton that the Rubicon has now been passed. It is too late to recede. The attacks from without have now penetrated beneath the armour of obstinacy in which the authorities have hitherto encased themselves. Admissions have been made which, if not promptly followed up by energetic action, must destroy the reputation of the town for ever. The interest of every householder is at stake, and the authorities will grievously fail in their duty if they proceed without the very best advice. The cost of a comprehensive scheme will doubtless be considerable; but the alternative is ruin. We are convinced, however, that a wise expenditure will rapidly be recouped by the increased prosperity which is certain to ensue.

THE "CAT" FOR GAROTTERS.

AMONGST the earliest and most determined opponents of flogging as a means of discipline in the army and navy, we have yet always admitted its fitness as a form of punishment for certain crimes, or rather criminals, of which the garotter is the type. The violence and dastardly cowardice of this class of criminals makes the intensely physical character of the punishment of the cat at once appropriate and effective for them. They are insensitive to more refined modes of punishment, but wince under this. We are glad therefore to learn, from time to time, that our judges and magistrates are availing themselves of the power given them by a recent Act of Parliament of using the cat. Three men at Newcastle have just received eighteen lashes each, preliminary to a term of penal servitude, for a most brutal and cowardly garotte robbery, in which they alternately covered their victim's mouth with their hands and feet, and would apparently have killed him but for the approach of another person. There can be no doubt that the punishment was most richly merited. Indeed, the only doubt we have is as to whether it was not too lenient. The tails were of ordinary thick twine, not of whipcord, bound at intervals with common thread to represent knots. If this instrument is not deterrent enough for such crimes, which have been very common in the neighbourhood of Newcastle, the magistrates will be justified in having a thoroughly good instrument used. We gather from the local papers that the lashes were administered on the loins. We should recommend that the buttocks be preferred, as safer, and less likely to involve serious impression on vital organs. We believe this is the universal opinion of those who have studied the effect of this punishment, which is no doubt severe. It seems shocking that at this time of day we have actually to praise judges for ordering so coarse a punishment. The really shocking fact is, that there exists, in the midst of our refined civilisation, a class of criminals insensitive to every other punishment.

THE NEW CHAIR OF DERMATOLOGY.

IN our last number we announced that the Council of the College of Surgeons had accepted the modified offer of Mr. Erasmus Wilson to found a Chair of Dermatology in the College. In the present state of the profession, and particularly when the oldest of the special hospitals for skin diseases makes the Fellowship of the College the passport to its offices, the Council could probably do no less; but we trust that the committee appointed to confer with Mr. Wilson upon the subject will take care that the regulations are so framed that the College shall secure the very best obtainable incumbent for the chair. We have no difficulty in saying this, since of course any idea of appointing the founder of the chair as the first incumbent could never for a moment be entertained, and Mr. Wilson has clearly waived all claim to be even put in nomination by the withdrawal of the condition which he had somewhat unadvisedly appended to his first offer. We hope, however, that the name of the munificent founder may be connected with the chair, since for this there is abundant precedent; and this will perhaps be some compensation to Mr. Wilson for his want of success at the Council elections, for it is obvious that he could not again present himself to the electors without incurring the unpleasant imputation of "treating."

MISS GARRETT, L.S.A.

THIS lady is not content with being the solitary female licentiate of the Apothecaries' Company, but has, after great effort, induced the Faculty of Medicine of Paris to admit her to the examination for the degree of M.D. Miss Garrett, no less than the American lady to whose case we referred on a former occasion, has, we believe, been mainly indebted to the good offices of M. Duruy, the Minister of Public Instruction, for this concession, and has during the last week taken the first of the six steps necessary for attaining the degree of M.D. This examination is in Anatomy

and Physiology, and includes the preparation of a dissection by the candidate. In Miss Garrett's case, the dissection of the muscles acting on the lower jaw were the allotted portion; and, having accomplished this task, the *viva-voce* examination was held in public by M. Broca and his colleagues.

THE CONTAGIOUS DISEASES ACT.

THE following particulars relate to the present operation of the Act at two important stations. At Portsmouth (with 120 beds) during the first fortnight of the present month there were nine examining days, when there were brought before the visiting surgeon by the police 373 women, of whom only 38 were found diseased, and were admitted to hospital. Owing to the menstrual period 77 were not examined, and 258 were found free from disease. At the end of the period 116 remained in hospital; of these 78 were cases of simple gonorrhœa, 38 only being capable of contaminating the constitution. Three patients were discharged uncured during the period, having been over six months in hospital, in accordance with section 24 of the Act, but one of these was readmitted at her own request.

At Plymouth (with 162 beds), during the fortnight ending the 6th inst., there were examinations every day, Sundays excepted. The number of women brought before the visiting surgeon by the police was 395, of whom only 73 were found diseased, and were admitted to hospital. 74 were not examined from the above-named natural cause, and 247 were found free from disease. At the end of the period 148 patients remained in hospital, of whom 109 were cases of simple gonorrhœa; secondary syphilis, 9; primary syphilis, 9; gonorrhœa and primary syphilis combined, 14; and gonorrhœa and secondary syphilis combined, 7. One diseased patient was not admitted, having a child too young to be separated from its mother.

THE CHAIR OF CHEMISTRY IN EDINBURGH UNIVERSITY.

DR. LYON PLAYFAIR, the representative in Parliament of the Universities of Edinburgh and St. Andrews, has resigned his chair—that of Chemistry—in the former seat of learning, in order to devote himself undistractedly to his political duties. A vacancy will thus be caused in one of the most important professorships in the great Scottish medical school; and already a number of candidates, more or less known to the scientific world, are advancing their claims to fill it. It would be premature, as yet, to mention the names of these gentlemen; still more so to criticise their several qualifications for so considerable a post. The curators—in whose hands the appointment lies—have yet to meet and fix a day on which to announce their decision. We sincerely trust that none but purely scientific and academic claims on the part of any candidate will be vouchsafed a hearing; and that there will eventually be made an appointment commensurate at once with the importance of the chair and with the high reputation bequeathed to it, not only by its latest occupant, but by his equally distinguished predecessors, Gregory, Hope, and Black.

HOSPITAL ENTERTAINMENTS.

WE commend to the attention of hospital authorities and the public generally the experiments which are being made at the National Hospital for the Paralysed and Epileptic, in Queen-square, and also at the London Hospital, in providing recreation for the patients. Four or five evening entertainments which have been given at these institutions have met with a success which must be not only very gratifying to the originators, but will tend, there can be little doubt, to popularise the idea. There are very few hospitals in which a sufficient number of patients, convalescents, and nurses could not be got together to furnish an audience ready to appreciate very heartily the efforts made for their amusement, and derive new life from the enjoyment. And it may be safely said that there are no hospitals at which, amongst the staff, students, the committee, or their friends, an amount of talent could not be found such as would provide a really good and thoroughly recreative entertainment. Here is a field, almost as yet untrodden, for the exercise of energy, talent, and benevolence combined, and we shall be very much surprised if hospital entertainments do not speedily come to be looked upon as an essential feature in the treatment of the patients. A well-lighted room, with comfortable seats and a piano, short readings, selected with tact, songs, and music generally which is not too classical—such are the only requisites for a successful evening of this kind. Who can doubt that they will be forthcoming?

THE PRACTICAL USES OF SPHYGMOGRAPHY.

ON Monday last Dr. Anstie delivered a lecture in the theatre of St. Mary's Hospital, at the request of Dr. Sibson and some other lecturers of the school, upon the present state of sphygmography; illustrating his remarks by pulse-traces and enlarged diagrams taken partly from patients in St. Mary's Hospital, and partly from other sources. The principal points insisted upon were as follows:—In the first place, as to the instrument itself, it was shown that without the new modifications for securing *solidity* of position, and for measuring exactly the amount of pressure exerted on the artery by the tactile spring (as suggested by Dr. Burdon-Sanderson), the traces obtained by Marey's instrument would be highly fallacious in diseased conditions, except to a very practised observer; but that with the new improvements the sphygmograph becomes an arm of precision of the highest delicacy and reliability. As to the forms of disease in which experience has now shown the sphygmograph to be most valuable, the lecturer stated, in the first place, that it had been shown to be of little diagnostic use in the majority of *valvular* diseases of the heart. But of *hypertrophy* it often affords most useful evidence, and (with careful graduation of spring-pressure) a very delicate quantitative test, and even, in some cases, hints of the source of obstruction which has produced compensatory hypertrophy. In the detection of "senile" degeneration of arteries, it is also of the highest value. In the case of aneurisms, a skilful and cautiously repeated comparison of the pulse-traces of the two radials will often enable us to draw most useful conclusions as to the *position* of an aneurism—e. g., whether it is subclavian or innominate, &c. Finally, the sphygmograph is of great value in the prognosis and treatment of acute pyrexial diseases. Of this fact the lecturer gave numerous clinical proofs, some of which have already been detailed in the lectures before the College of Physicians which were published in THE LANCET (vol. ii. 1867). In regard to the value of its indications for the use of wine, Dr. Anstie stated that his confidence in the correctness of the statements made in those lectures had received fresh and striking confirmation from the results of experience which he had recently gained. A large number of diagrams and actual slides served to illustrate the lecture, which was well attended by the students of the hospital and by a considerable number of the staff, and of practitioners not connected with the hospital.

REIGATE COTTAGE HOSPITAL.

THE second annual report of this useful institution shows most satisfactorily the benefits such hospitals confer, particularly when, as at Reigate, the relief does not pauperise

the recipients, who make weekly payments according to their circumstances. During the year 53 patients were admitted, some of them urgent cases of accident; and of these, 38 were discharged well or convalescent, 8 were benefited, 3 died, 2 were discharged unrelieved, and 2 remained under treatment. Some of the operations appear from the report to have been of a very severe nature, including ovariotomy (fatal), operations for strangulated hernia, cataract, artificial pupil, &c.

THE REPUTED CURE OF SNAKE-BITE.

THE very gravest doubts have been thrown upon the asserted efficacy of the "ammonia" treatment of snake-bite, by Dr. Fayrer, the Professor of Surgery in the Medical College of Bengal. This gentleman has recently injected into the veins of a dog bitten in the thigh by a fresh, full-grown, spectacled cobra, a solution of strong ammonia, as directed by Professor Halford; in addition, he exhibited another dose by the mouth. In 44 minutes and 15 seconds the dog died. Similar results were obtained with pigeons. Dr. Fayrer says that death is rather later than usual in those cases in which ammonia is given, perhaps; but the benefit of the drug is very small, though further experiments may show that, given in larger and freer doses, it may be of service. Dr. Fayrer has performed the exact experiment which we wished,—that is to say, he has applied the antidote to the case of the bite by a known and highly poisonous snake. There were doubts in Professor Halford's cases as to the exact degree of venomous power of the snakes which had bitten his patients. A fair bite from a fresh cobra is known to entail certain death, and the possession of the power on the part of a remedy to prevent evil consequences is at once the best proof of its antidotal qualities. Dr. Fayrer has likewise experimented with the antidote in the possession of a servant of Colonel Showers, to which we recently referred, and finds that it is utterly useless.

INDIAN MEDICAL SERVICE.

THE officers of the above department are loudly complaining of what they consider an act of great injustice and hardship in being deprived of the advantages granted by the new Furlough rules. It appears that the Secretary to the Government of India, in a communication to the Inspector-General of Hospitals of the Indian Medical Service, Lower Provinces, dated 29th of December last, which has since been published for general information, states that he has been directed to acquaint him that regimental medical charges are not considered appointments in the sense of clauses 2, 7, 13, and 16 of the Government General Order No. 1064 of 1868. This, we are informed, was Sir John Lawrence's parting order to the medical service. Why should the medical be the only officers in the Indian army who are supposed to hold no appointments? If this order be carried out, the instructions of the Secretary of State will have been altogether set aside; and, as nearly all the medical officers hold regimental medical charges, they will be excluded from reaping any benefit from the new Furlough regulations.

EMPLOYMENT OF WOMEN AND CHILDREN IN AGRICULTURE.

WHETHER or not the principles of the Factory Act should be applied to the regulation of children, young persons, and women in agriculture, more particularly with a view to the better education of such children, is a question which is being inquired into for England; and now the expediency of prosecuting a similar inquiry for Scotland has also been decided in the affirmative by Government. The Under-Secretary of State for the Home Department made an announcement to this effect on Monday evening; and from what we know of the condition of the agricultural labourer north of the Tweed, the inquiry is not less loudly called for on his behalf than on that of his English counterpart. It is to be hoped that the co-operation of the rural practitioners in both countries will be invited and utilised with a view to the questions being adequately solved, as there is hardly a grievance to which the agricultural poor are subjected which does not more or less come under the cognisance of the local medical man.

NAVAL MEDICAL SERVICE.

THE Report of the Civil Commission on Naval Hospitals still hangs fire, and as yet has been seen by none of the *medical* authorities of the Service. It is, we understand, intended to present the Report to Parliament, when it will be printed and circulated in the usual manner. We are informed that the Admiralty has given notice to the medical officers of the Woolwich Marine Infirmary that their duties will terminate on the 31st of March. A similar notice has been given to two of the four assistant-surgeons hitherto doing duty at Greenwich Hospital; and also to Dr. Moore, the assisting surgeon at Chatham Dockyard, who has been for many years attached to that establishment. We hear that a Bill to determine the ultimate disposal of Greenwich Hospital will be introduced into Parliament by the Government during the present session.

THE SHARPEY MEMORIAL.

IT has been suggested that this Memorial should partake of the character of a Studentship of Physiology in University College, to be called the "Sharpey Physiological Scholar," with the duties of assisting the Professor, instructing the class in practical work, and of prosecuting original research; each scholar to receive a silver medal. In addition to this, it is proposed to have a "Sharpey Physiological Library and Museum," the beginning of which will be made by the Professor himself placing the whole of his valuable library and museum at the disposal of the trustees to be appointed.

PROFESSIONAL ADVERTISING.

WE have on more than one occasion recently warned the authors of works on medical subjects against unprofessional advertising, and have expressed our intention of referring more particularly to flagrant instances of the vice. As our warning has not been taken by certain members of the profession who might be supposed to be setting an example to others, we propose on the present occasion to be more particular in our remarks. We have simply taken the file of *The Times* newspaper for a fortnight, and will give the result of our researches, premising that we do not propose to interfere with the trade advertisements of booksellers, nor with the brazen notices of quacks, or a class little removed from them. We shall confine our attention to advertisements of those usually regarded as leading members of a learned profession, and in every case officers of public hospitals.

From Wednesday, Feb. 24th, to Wednesday, March 10th inclusive, the advertisements of two works by a physician of Guy's Hospital appeared no fewer than *seven* times—viz., on Feb. 24th, and March 2nd, 3rd, 4th, 8th (twice over), and 10th. A physician of St. George's Hospital advertised two works *four* times—viz., on Feb. 24th, and March 2nd, 3rd, and 10th. A physician of King's College

Hospital advertised a "third edition of a *new* (!) work" *seven* times—viz., on Feb. 24th, and March 2nd, 3rd, 4th, 8th, and 10th; on the last occasion there being two different advertisements of the *same* book. A physician of the Great Northern Hospital advertised a work *five* times—viz., on Feb. 24th, and March 2nd, 4th, 8th, and 10th. Now no one can pretend that, for purposes of science, it can be necessary to advertise any work seven times in a fortnight; and if the authors themselves cannot see the serious imputation to which it lays them open, we trust that their colleagues at the several hospitals we have named will endeavour to enlighten their understandings.

HAS INSANITY INCREASED?

AN elaborate statistical paper, by Dr. Lockhart Robertson, read before the Medico-Psychological Association, and the discussion that followed it, go far to prove the correctness of the opinion we expressed three years ago, that the alleged increase of insanity was a myth, and that the number of the insane, in proportion to the population, was not really augmented, the apparent increase being due to the kinder and more skilful treatment now adopted in the asylums for the insane poor, which had materially diminished the average yearly mortality among them. Thus, while there are more insane to be counted among us, it is not because cases of insanity have increased, but that the insane poor are better cared for, and live longer than they did. That this view is correct is proved by the fact mentioned by the Secretary of the Association, Dr. Tuke, who stated that in his experience, and as the result of his examination of the question, the number of the insane in the higher and middle classes, in proportion to the population, had not increased at all. The Association generally concurred with the conclusions arrived at by Dr. Robertson, which is satisfactory as being likely to assist in the dissipation of the very wide-spread but erroneous idea, that our increased intellectual activity as a nation has entailed upon us a corresponding increase in the number of our insane.

THE M.D. AND M.S. LOND.

THE Senate of the University of London have decided that the candidates for the M.D. and M.S. degrees shall be admitted to the Examinations in Logic and Moral Philosophy alone, in any year after having obtained the degree of M.B.; and that, after passing this examination, they may present themselves for examination in Medicine alone, or Surgery alone, as the case may be, at any M.D. or M.S. examination at which they are admissible under existing regulations.

BABY-FARMING UNDER A WET BLANKET.

MR. J. BRENDON CURGENVEN'S paper on Baby-farming and the Registration of Nurses, was read, as duly advertised, on Monday evening last, at a meeting of the Health Department of the Social Science Association,—the said meeting comprising less than a dozen persons, including the chairman (with whose position under such cheerless circumstances we sincerely sympathised), and the officers of the Association. The paper was, for the most part, a *rechauffé* of matters that have been already published, the remedy suggested consisting of a complicated and impracticable scheme for the registration of nurses,—an end desirable enough, no doubt, but one needing the simplest means for its accomplishment. Altogether, the evening was one of the most depressing in its characteristics from first to last that we ever remember to have endured.

SICK CLUBS AND THE DIGNITY OF THE PROFESSION.

WE receive accounts from various places of the way in which strangers are brought by advertisement to take charge of clubs, the managers or members of which have quarrelled with the ordinary attendants on the score of a reasonable demand for higher pay. Can anything be more unworthy of an educated medical man than to go down to a little place, probably already overstocked with practitioners, to take the duty which they have been doing for years for an inadequate remuneration.

In one case reported to us, the new-comer has gone further and lower than this. He has printed his testimonials, and calls with them upon the residents, "begging their kind favours." Moreover, he has entered into league with the druggist of the place, and strewn his counter with the testimonials. There are men in every profession who are insensible to their obligation to uphold the dignity of the profession which gives them their principal honour and importance in society. We will not believe that in the medical there are more of these men than in other professions. But we appeal even to their sense of what is honourable; and, this failing, we assure them that when they compromise the dignity of a high calling, they not only injure the profession, but permanently injure themselves. The members of sick clubs are generally provident, decent people, and deserve great consideration. But when they advertise for strangers, and take offence at the most reasonable demands of their old and tried officers, strangers should decline to abet their shabbiness by responding to their call.

THE NEIL ARNOTT EXHIBITION.

WITH a view to the promotion of the study of physical science, Dr. Neil Arnott has given to the University of London the sum of £2000, bearing interest at 4 per cent., and rendering therefore £80 a year available for the purpose. The Senate have accepted the money, and decided that an exhibition of £40 a year, tenable for two years, and a medal, shall be given annually for special proficiency in Experimental Physics, at the honorary examination of the 1st B.Sc. and Preliminary Scientific M.B. The exhibition hitherto offered for Chemistry and Natural Philosophy, conjointly, will be allotted to Chemistry alone in the future. The first award of the new exhibition will be made in July, 1870.

ACCIDENTAL POISONING BY CARBOLIC ACID IN WORCESTER INFIRMARY.

THE Governors, on the amendment of Earl Beauchamp, have declined to prosecute the dispenser Harding, and accepted only that part of the resolution of the Committee which avers "that the gross negligence and misconduct of John Harding, the dispenser, led to the death of Thomas Price." The Committee, in another sentence, recommended the prosecution of Harding, and this sentence the Governors rejected, chiefly on the ground that in their opinion, although Harding was principally and egregiously to blame, yet that there was a general looseness in the whole affair, which made the propriety of a prosecution of Harding alone by the Committee a doubtful matter. There is a good deal to be said in favour of this view, and it is to be hoped that the melancholy accident will result in a more accurate writing of prescriptions, and a stricter discipline in the general management of the institution. We think that when the house-surgeon found, on the Saturday night, that the prescription had not been dispensed, he should have remonstrated with the dispenser. *A fortiori*, he should have done this on the Sunday morning. Nothing, however, can excuse

Harding's careless act. There was certainly some carelessness in the writing of the prescription; but he should have known better than to administer such a dose of carbolic acid as an injection; and if in any doubt about the matter, before giving the nurse such directions, he should have consulted the house-surgeon.

METROPOLITAN SICK ASYLUMS.

A RETURN has been made, on the motion of Mr. Torrens, M.P. for Finsbury, with the endeavour to elicit the extent to which Mr. Hardy's Metropolitan Poor Act has been duly carried out. It affords, however, no specific information as to the probable cost of the imbecile asylums, and fever and small-pox hospitals. It states that the plans generally are undergoing revision, with the probability of a material reduction in the expense. Seven separate asylum districts have been formed, to six of which clerks have been appointed, with an aggregate salary of £1330; and, in addition, a receiver has been appointed, at a salary of £700. As the latter is already a Poor-law inspector, his berth is not unenviable. A list of parishes having dispensaries is given, in most of which they have been in operation many years. The provisions of the Metropolitan Poor Act, with regard to dispensaries and dispensary committees, have not yet been acted upon in any parish or union. But in Westminster, St. Pancras, and Poplar, the dispensaries have been established since the passing of the Act, although they have not yet been placed under the Dispensary Committee. In St. Pancras the dispensary is not in operation, and awaits the order of the Poor-law Board.

THE MEDICAL SOCIETY OF LONDON.

THE election to the presidential chair of this Society of Mr. Peter Marshall may be taken by the body of general practitioners as no mean compliment; and we believe that it was intended that it should in part bear this interpretation. Mr. Marshall, whose good work in the interests of the Society have rendered him deservedly popular and worthy of the honour conferred upon him, presided for the first time on Monday evening. On that occasion he delivered an address, in which he reviewed the labours of the past session, expressing a hope that into the hands of his successor an equally good record of progress and industry might descend. The session which has just terminated may fairly be specially remembered in the annals of the Society as one in which an active and talented president contrived by his energy to reclaim the Society from a state of almost perfect bankruptcy as regards the condition not only of its finances, but its scientific work. It is only due to Dr. Richardson to specially record the success of his exertions.

THE GLASGOW ROYAL INFIRMARY.

THE seventy-fourth annual report of the Glasgow Royal Infirmary has reached us. In it the managers state that during the year 1868 the number of admissions has exceeded by 213 that of the previous year, the total being 5314. We, of course, look to details to see if the increase is amongst the fever cases, but find that these have diminished, whilst the surgical and medical patients have augmented. During the twelve months the number of fever cases treated in the Infirmary was 948, and of these 880 were seen to a conclusion—755 recovered, and 125 died. The out-patients also show a like increase, the total amounting to 13,240, an excess of 1195 on the previous year. 411 patients were sent to the Convalescent Home. Two nurses and two servants were seized with typhus, and one died. The fever cases are now allotted to one physician, who is assisted by a resident medical officer.

SALARIES OF ENGLISH AND IRISH POOR-LAW MEDICAL OFFICERS.

DR. ROGERS, in correcting his estimate of the cost of medical relief to the poor in Ireland, states that in round numbers it is £132,000 per annum, for a population of five and a half millions; whereas the English total is £272,225 for a population of upwards of twenty millions. In making this comparison Dr. Rogers does not wish it to be implied that the Irish medical officers are sufficiently paid, but he finds there is greater uniformity of payment; and as the drugs are found, the Irish officer is not tempted to deny to the sick poor those medical comforts which in England must, too frequently, be supplied from the private resources of the medical attendant, if found at all.

THE NEW COLOUR-TEST FOR BLOOD.

WE announced some time ago that an important test for blood had been discovered in Australia; consisting of the application of tincture of guaiacum and ozonised ether, which produces a beautiful blue tint with blood or blood stains. The test is excessively delicate; and we happened to be present at a lecture given by Mr. Bloxam, in which he showed some experiments with it, and added that, in the case of a blood stain twenty years old, he had extracted a single linen fibre with an almost inappreciable amount of stain on it. The characteristic blue colour was immediately induced by the test, and readily detected by microscopical examination. The testimony of so able a chemist leaves no doubt as to the value of the discovery. Ozonised ether, we may remark, is merely a solution of peroxide of hydrogen in ether.

THE INVESTIGATION OF CHOLERA IN INDIA.

ASSIST.-SURGS. CUNNINGHAM and LEWIS, of the Indian and British medical services respectively, have arrived in Calcutta, where they will remain for some months, to consult the medical records, statistics, &c., and to study the languages which they will find essential in conducting their inquiries in the interior. An attempt will very shortly be made to study cholera in its home by a thoroughly systematic and exhaustive method. All the facts connected with the disease in its sporadic and epidemic forms will be registered and investigated; and the relation of cholera to soil, water, season, and the movements of natives and individuals, with the more important points in its pathology, symptoms, and morbid anatomy, will likewise be investigated by numerous different observers on a system which, it is hoped, will ensure uniformity and precision of observation.

CROWNER'S QUEST LAW.

WE have pointed out lately several cases of coroners' inquests in which the verdict has been obviously loose and inadequate. A case at Greenmore, near Penistone, is recorded this week, in which the jury seems to have been of opinion that a man driving a cart was killed by being thrown from his seat, owing to the carelessness of a man named Taylor in putting large stones on the road, under the instructions of the surveyors of the road. The jury came to a verdict to this effect, but recommended the surveyors to mercy. On the coroner declining to take the verdict with such a recommendation, they passed another of "accidental death caused by the carelessness of the deceased." A juror afterwards remarked that they would have brought in a verdict of "manslaughter," but they feared it might get the man Taylor into trouble. Really, if the dignity of the coroner's court is to be maintained, verdicts will have to be more strict.

THE BIRMINGHAM GUARDIANS AND THEIR MEDICAL OFFICERS.

WE invite Mr. Goschen's attention to the letter emanating from Dr. Rogers relative to the question of the reduction in the number of the medical officers of the Birmingham Union, which appears on another page of our present number. It is a complete answer to the report made by the guardians to the Poor-law Board. At the meeting of the guardians on Wednesday last, Mr. Pollock remarked "*that Mr. Clay deserved the thanks of the Board for his able report, which only a medical man could prepare.*" The result of the proposed reduction will be to provide for the sick poor three medical officers less than during the last two years, and actually one less than during the last eighteen or twenty years. One officer alone has stated his ability to perform the work as redistributed. The majority still assert that serious evil consequences will result. The best thing, perhaps, for Mr. Goschen to do is to send a special reporter to investigate the whole question.

THE ARSENICAL PLASTER CASE AT LEEDS.

IT is much to be regretted that the Leeds magistrates have dismissed the charge against Richard Atkinson, of having caused the death of a widow by the application of arsenical plaster to a supposed but not real case of cancer. Mr. Atkinson may be as humane as his solicitor would have us believe, but he must be as ignorant as he is humane. And when the humanity of ignorant men takes the shape of strong arsenical plaster, that kills those whom they would fain cure, it should be treated as a crime. It is monstrous to allege humanity as an excuse for the presumptuous and ignorant use of arsenic. If such a case had been made out against a legitimate practitioner, he would probably have had to pay heavy damages.

WE commend to the Poor-law medical officers as a body the letter and request of Dr. Rogers, which appear in another part of our impression, in the hope that these gentlemen will take advantage of the opportunity which offers of protesting in a body against the unrighteous order which has recently emanated from Gwydyr House, and which imposes duties which cannot possibly be carried out without very serious injustice.

THE University of Cambridge, on Saturday last, passed a grace for the admission of unattached students—that is, for permitting students to matriculate, reside, keep terms, attend professors' lectures, and take degrees, without its being compulsory on them to enter at colleges. This will have the effect of still further reducing the necessary expenses of a University course, which are already not very high; and will probably prove an additional inducement to some medical students to proceed to Cambridge.

BY the last mail we learn that fever still continues in the Mauritius, and is upon the increase. The civil population is almost exclusively attacked, and several fatal seizures have taken place among sailors. The fever is of the intermittent and remittent forms, cases of typhoid being rare.

WE are informed that Dr. Dobell has invited the staff of Brompton Hospital "to nominate one of their number to represent the hospital in the preparation of a report on the progress of practical and scientific medicine." At a recent meeting of the Medical Committee, it was unanimously resolved to decline Dr. Dobell's proposal, with thanks.

WE are glad to be enabled to state that the Government have decided to recoup the College of Physicians the actual expense to which they have been put in the preparation of the new Nomenclature Report. This is a piece of just liberality on the part of the Chancellor of the Exchequer, which plainly and further evinces the value which he sets upon matters of public medicine.

HER MAJESTY, "to mark the interest she takes in the success of the institution," has consented to depute a member of the Royal Family to lay the foundation stone, in July next, of the second pair of buildings of the National Cottage Hospital for Consumption, Undercliff, Isle of Wight. We congratulate Dr. Hassall, the founder, on the success of the undertaking. Already the sum of £4000 has been contributed towards the Building Fund.

WE have received Dr. Trench's report on the health of Liverpool during the year 1868; and we hope next week to find space for noticing the many important points in relation to medicine and public hygiene to which it refers.

UPWARDS of sixty members of the Midland Medical Society met at the Institute, in Birmingham, on Wednesday last, to witness a demonstration, by Mr. J. T. Clover, of his method of administering chloroform and nitrous oxide. Mr. S. A. Bindley, President of the Society, occupied the chair. A vote of thanks to Mr. Clover was carried by acclamation, on the motion of Mr. J. F. West, seconded by Mr. Furneaux Jordan.

MR. CROFT, the President of the Medical Society, gave a microscopical *soirée* to the students of St. Thomas's Hospital, on Thursday week. It was a great success. Many beautiful preparations illustrating healthy and morbid anatomy, and natural history and philosophy, were exhibited by Messrs. Croft, Wagstaffe, Stewart, and Churchill. Every student attended who could possibly be present. The party broke up at half-past ten, highly gratified by the entertainment.

MR. ROBERT DOWELL, M.R.C.S., of Hinderwell, Yorkshire, has been presented with a valuable gold watch and chain by the *employés* and others connected with the Port Mulgrave Ironworks, to which he has been for some time medical officer.

THE following hospital bequests are contained in the will (just proved) of the late J. G. Frith, of Wimpole-street, Cavendish-square:—Seamen's Hospital, £500; Middlesex Hospital, £500; St. Mary's Hospital, £500; St. Mark's Hospital, City-road, £150; Royal Hospital for Incurables, £200; Hospital for Sick Children, £200; and London Fever Hospital, £200.

AT a meeting of governors of the London Hospital, on the 16th inst., Mr. Maunder was appointed to the office of surgeon to the hospital.

THE members of the Wandsworth Dispensary, on the 12th instant., publicly presented a very valuable binocular microscope, by Ross and Sons, to their medical officer, C. St. Aubyn Hawken, Esq., in token of his services amongst them for the last three years.

THE Guildford Local Board of Health has decided to engage a consulting engineer to advise on the matter of improving the water-supply of the town. The authorities may be assured that it will be worth their while, at any reasonable cost, to get good water.

A BUILDING, to be used as a cottage hospital, has been commenced in the village of Charlton, near Malmesbury, Wilts.

IN reply to a question on the subject, the Lords of the Treasury have informed the Senate of the University of London that the cost incurred by the Vice-Chancellor on the election of a member to represent the University must be paid by the latter, and will not be recoverable from the candidate.

WEST INDIAN advices by the *Tasmanian* are to the effect that, as cholera is prevalent in Cuba, the Governor of Jamaica, by advice of the Privy Council, has declared all Cuban ports infected, and has required all vessels arriving at Jamaica from that island to undergo a quarantine of eight days. The health of Jamaica itself continues good. It is said that the official return of deaths from cholera in Santiago de Cuba between Jan. 28th and Feb. 14th amounted to no less than 171.

WE understand that Dr. Lionel Beale, the Professor of Physiology in King's College, is about to resign his professorship, which he has now held for the last sixteen years. He will retain the post of physician to King's College Hospital. There appears to be a desire on the part of the authorities to separate in future the two appointments of Professor and Physician, instead of combining them in one officer as has hitherto been done.

THE Medical Officers' Superannuation (Ireland) Bill, brought in by Mr. Brady, Mr. Pim, and Mr. Hamilton, provides that the guardians *may* have power, with the consent of the Poor-law Commissioners, to grant superannuation allowances to medical officers in certain cases, not exceeding two-thirds of the income of such officers, including the average special fees of three years preceding retirement. A month's notice of the grant required is to be given to the guardians. The Act is not to affect the rights of any medical officer under other Act or Acts. The term medical officer is to include that of surgical officer.

AT a meeting of the junior students of Charing-cross Hospital, held on the 16th instant, Mr. W. Harry Pearce, assistant demonstrator of anatomy, was presented with a surgical dressing-case, and a written testimonial, bearing twenty-one signatures, as an acknowledgment of the benefit derived from his Osteological lectures during the past session.

Correspondence.

"Audi alteram partem."

THE DRY-EARTH SYSTEM.

To the Editor of THE LANCET.

SIR,—The Rev. Henry Moule, in his letter to you in defence of the earth-closet system, says that certain observations which I, like many others under similar circumstances, had made as to the variety of ways in which fevers may spread themselves, are irrelevant to the subject in question, as is also, according to him, Von Pettenkofer's quoted opinion. Now the cases to which I alluded went to show that the spread of fever was in many instances to be referred to gaseous matters met with, as such, in privies, and not to the drinking of water contaminated with sewage. And the main strength of the argument for the adoption of the earth-closet system lies in the fact that at the present moment, in spite of a very general theoretic acceptance of both views, attention is, in practice, almost exclusively directed to the working of the latter of the two agencies for the propagation of disease. I submit, therefore, that reasoning, and facts, and opinions, which force us to consider whether an earth-closet may not itself be a factor in the constitution of the former of these sets of antecedents, are anything but "irrelevant" to a discussion of the merits of the system in question. Later on in this letter I shall show that the word "irrefutable" might have been used with more propriety than the word "irrelevant."

Secondly, Mr. Moule says that "to disinfect privies and cesspools is no part of the dry-earth system. Its great object is not to disinfect, but to supersede those abominations, and the equal abomination of the sewer." This, however, is a limitation of the use of the words "dry-earth system" which is not justified by common usage, nor by a usage which Mr. Moule has himself given the sanction of his name to. In the *Lancaster Guardian* of December 1st, 1866, in an article stating that J. W. Garnett, Esq., J.P., is conducting the experiment, I read,—"There is no absolute need for Mr. Moule's apparatus, or any other. A few shovelfuls of earth thrown in through a hole in the back of the closet," &c. See also Mr. Garnett's own account of the plan he adopts ("Leamington Congress Report," p. 180); also Mr. Mechi (ibid., p. 179); and to the end of Mr. Moule's own pamphlet, "National Health and Wealth" (London, 1866), I find appended a letter from Mr. James, of Halton, in which the following sentence occurs:—"With rare exceptions, waterclosets *and cesspools* are available for the earth method, and are readily adapted at a very trifling expense." The same letter, with the same sentence contained in it, appears also in the "Prospectus of Moule's Earth Closets" (issued by the Company, 29, Bedford-street, Strand, W.C.), at p. 20.

As I am writing for the readers of THE LANCET, I need not stop to vindicate Liebig's and Von Pettenkofer's claims to our respect. Hence I shall merely say with reference to Mr. Moule's application of the term "conjectural" to Liebig's system of removal of sewage by water, that the system is at full work, and fully accepted, in Hamburg, where the Baron can see it without leaving his fatherland; and that it has been only due to the Prussian conquest that the municipality of Frankfort has not followed the example of their sister free city. If London seems to be too large a place to justify us in reasoning as to the possibility of sewage being removed elsewhere by the same water carriage as, Mr. Moule can convince himself, is at work there beyond all conjecture, there are small towns enough which will furnish him with "simple cases." Worksop is one with which I am well acquainted; Eastbourne is another (see THE LANCET of May 11th, 1867); Alnwick is another (see Report on the Sewage of the Metropolis, 1864, p. 186); and the *Builder* of last Saturday, March 13th, will furnish him with the names of three more towns, of more or less moderate dimensions, which have, wonderful to relate, recognised the truth which—holding for dead and living, for organic and inorganic matter alike—teaches us that "suspension in water is the cheapest mode of carriage."

Fourthly. Mr. Moule says he has heard of no outbreaks of fever or cholera in the gaols where his system has for five years been in full operation. I say he ought to have heard of such; for, by a singular Nemesis, I am able to bring forward Dr. De Renzy—as I imagine, the same Dr. De Renzy whom a few years ago Mr. Moule (see Rivers Commission Report, Evidence, vol. ii., p. 291, q. 8899) was quoting on his own side—to give the following crushing answer for me to Mr. Moule's assertion that I have borne false witness against his "five years' experience" of the earth-closet system in India. Dr. De Renzy, then, is quoted to the following effect by Dr. Cuningham, an officiating Sanitary Commissioner with the Government of India, in the Fourth Annual Report of the Sanitary Commissioner with the Government of India, 1867 (Calcutta, 1869), p. 211, par. 440:—

"Dr. Mouat states that, 'although adynamic fevers may occur occasionally in an endemic form, they will never become contagious so long as the present conservancy arrangements be obtained.' Actual experience has, unfortunately, already falsified this prediction. In 1866 the fever appeared with all its former virulence in the Umballa Gaol, and caused 48 deaths out of a strength of 698 convicts; and last year it appeared in the Peshawur and Rawul Pindee Gaol.

Nowhere, I venture to say, is the dry-earth system carried out to greater perfection than in the Punjab Gaols, *but the fact remains, that, in spite of the most thorough deodorisation of excreta, the contagiousness of gaol fever continues unchanged.*"

The following extract from a Madras Report* is even more valuable, as, besides giving reasons for the discarding of the earth-closet system, which will be satisfactory to many a hesitating Local Board in England, it gives encouragement to the advocates of irrigation. These extracts are lengthy, but the books whence they are taken are not readily accessible, few cities in England or elsewhere having such a library as our Radcliffe; the facts which they contain are, at the present juncture, of critical and cardinal importance, and their value is proportionately great.

"Last year's report contained a full report of Captain Tulloch's project for the drainage of the Presidency town, and that officer is now in England maturing his plans, and perfecting his acquaintance with the most recent and improved system, not only of main, but of house sewerage, and of the utilisation of sewage in the fertilisation of land. The question of disposal of the refuse of the town of Madras has occupied the anxious consideration of Government and of the municipal commissioners. The expense attending anything like a system of conservancy upon the dry method is enormous, and even in carrying it out to the extent that is now done the greatest difficulty is experienced in disposing of the refuse. It was formerly deposited upon waste land in several localities, but these became such intolerable nuisances that it was necessary to adopt other means. Burial in pits, covering the refuse immediately with earth, was then adopted; but this system, even though a vast improvement upon the other, cannot be continued; for, in the first place, land is not procurable, and, secondly, surrounding the place with a chain of these ordure pits, must sooner or later result in further most dangerous contamination of the already contaminated water-supply. Hence cinerators have been proposed, to burn all organic refuse, and one is to be built as an experimental measure. The question of the utilisation of liquid manure in irrigation of grass or other land in the centre of the town at the People's Park has also been raised, and was referred to me by the President of the Municipal Commission. In the present aspect of the case, and in the face of the conflicting opinions advanced by sanitarians, I have not thought myself justified in giving the proposal the countenance of my official sanction. The President has, however, recently brought to notice that irrigation of this nature is actually practised upon fields not a hundred yards from the People's Park, and that no ill effect can be traced upon the health of those living in the neighbourhood."—p. 169.

I do not mean to say that in India, where the construction of aqueducts appears to be a task beyond the powers of the modern rulers of the country, there is not a good deal to be said in favour of an earth system as compared with one which leaves ordure naked in cesspits or latrines. But this good deal which may be said rests as largely upon æsthetic as upon scientific grounds. The physicist has shown (*Pfaff. Zeitschrift für Biologie*, bd. iv., hft. ii. and iii., p. 256) that water evaporates faster out from an equal surface of moistened sand than from an equal surface of the pure and simple liquid; and the physician knows very well how often the first rain ushers in the epidemic. Watery vapour does much for us in the way of good, but, like most potent agencies, its working may tell in the other direction also. It may be, however, that Indian physicians, like physicians elsewhere, have been overborne by obstreperous assertions. But I will not allow myself to be unjust to the earth system, and therefore I will say what I think is the proper place and power of this form of conservancy. They lie in places where, as in isolated houses, earth can be procured in such quantities as actually to smother the excreta, or, in stricter language, to reduce evaporation to a minimum (see *Pfaff.* l. c.); in places where water cannot be procured; at times when epidemics are absent; or when disinfectants, properly so called, can be employed, together with the earth. Vegetable life should, of course, always be employed to rebuild up the constantly self-analysing mass; but it is obvious that the greater specific heat of water gives the plan of irrigation a great advantage over all forms of compost manuring; to say nothing of its solvent and diluent powers.

* Report of the Sanitary Commissioner (J. L. Ranking) for Madras, 1867. Madras, 1868.

Finally, Mr. Moule has quoted some laudatory expressions of Dr. Mouat's, and expresses surprise that I did not lay them before your readers, who may, consequently, be led to suspect that I have garbled my unwilling witness's evidence. So far is this from being the case, that I can say that I cannot, after repeated searching, find in the volume from which I quoted, the words which Mr. Moule has said should be set off against all I have written. I am inclined, therefore, to suppose that Mr. Moule may have, by inadvertence no doubt, referred to some other report of Dr. Mouat's which I have not seen. And this supposition is the more reasonable inasmuch as Mr. Moule's representation of Dr. Mouat's evidence is by no means an adequate one. My time would have been saved, and the suspicions of uncharitable persons would not have been roused, if Mr. Moule had taken the trouble to give, as I have given, the pages whence he quoted. With Dr. Mouat's *opinions* as to the earth-closet system, to the same effect and almost in the same words, everybody who knows anything of it, whether by advertisements or otherwise, is abundantly familiar. But though Dr. Mouat's *facts* as well as his opinions have often enough been called in question (see Report of Sanitary Commissioner for Government of India for 1867; Calcutta, 1868, pp. 138–142, 210–211), I thought it might be well to refer to them, as they would be known to be given by an unwilling witness. They run thus:—

"Great attention is now paid to dry-earth conservancy, and I have seldom reason to find fault with the manner in which it is carried into effect. The burying of the deodorised excreta in the gaol gardens is a matter of some risk, and I am watching it with great anxiety. When the admixture with earth is carelessly performed, *or where the earth used contains a large amount of moisture, the fermentation of excrementitious matter will take place, and disease will be the certain and sure result.*" (The italics are mine, used to emphasise what Mr. Moule's report of this evidence omits.) "Hence the conservancy arrangements need to be controlled with the greatest and most constant care and vigilance by officers in charge of gaols and by the medical officers. The arrangements are excellent when I visit the gaols, but I am for the most part unable to make unexpected visits, and it is on the correct every-day conduct of the proceeding that its success depends."—"Report on the Gaols of the Lower Provinces of the Bengal Presidency for the year 1867." Calcutta, 1868. p. 144, paragraph 87.

The Lieutenant-Governor of Bengal, at page 11 of his "Resolution, Judicial Gaols, Fort William, July 6th, 1868," says, somewhat drily, "In a damp climate, like Bengal, it must require great care to secure the essential elements of a successful dry-earth conservancy." This comes at the end of the Report quoted.

But I will ask your readers whether any physician who believes either in Dr. De Renzy's evidence, or in Von Pettenkofer's science, can, with either or both before him, say an earth system is preferable to a water one; or whether any sanitarian in his senses can advocate a plan which requires all the care, precaution, and supervision which, even on Dr. Mouat's own showing, the plan absolutely requires if it is not to be absolutely dangerous?

The Rev. Henry Moule, in his letter, has spoken of my "imperfect acquaintance with," my "inadequate conception" and my "grievous misrepresentation" of his system. And, without exactly intending it probably, he has suggested to the minds of persons who are acquainted with neither of us, that I have garbled my evidence. Your readers can now, by your kindness, judge as to the justice of those charges.

I am, Sir, your obedient servant,

GEORGE ROLLESTON, M.D., F.R.C.P., F.R.S.,
Linacre Professor of Anatomy and Physiology, Oxford.

Oxford, March 18th, 1869.

To the Editor of THE LANCET.

SIR,—Professor Rolleston's remarks on the earth-closet system in your last number demand the most careful consideration. He maintains that evidence is wanting to prove that morbific gases are odorous gases, and that deodorisation is equivalent to disinfection. He says:—"If I am told that the earth-closet is inoffensive, and that the privy is fetid, I answer that a rattlesnake is none the less dangerous because its rattle is removed; and that for anything

shown or known to the contrary, odour is to infection, deodorisation to disinfection, what the noise ofthe serpent is to its bite."

I have long suspected, and Professor Rolleston's paper has done much to confirm my suspicion, that there was a very close relationship between the earth-closet system and the extensive prevalence of a severe form of diarrhœa in the camp at Wimbledon last summer. The dry-earth system was adopted there and then for the first time, and it was believed and reported to be a complete success. Deodorisation was perfect, yet it is notorious that diarrhœa prevailed to an extent that had never before been experienced in the camp. About three hundred cases were so severe as to require admission into the hospital, while a large number were treated as out-patients. In no previous season had there been so heavy a demand upon the medical staff of the encampment. I am not aware that any explanation of this unusual prevalence of bowel disease was given. The excessive heat and dryness of the season could have had only an indirect causative influence; but it appears highly probable that the outbreak of diarrhœa in the camp affords an illustration of the principle for which Dr. Rolleston contends; the excreta were deodorised, but not disinfected and rendered innocuous. The earth-closets had silenced the serpent by depriving it of its rattle, but its poisonous bite had lost none of its malignant power.

The exact coincidence of the first introduction of the earth-closets with an unprecedented prevalence of severe diarrhœa in the camp, is calculated to excite grave suspicion that the sanitary efficiency of the dry-earth system is less complete than its advocates believe.

I am, Sir, your obedient servant,

Savile-row, March, 1869. GEORGE JOHNSON.

THE BIRMINGHAM GUARDIANS AND THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—I have just received a copy of the *Birmingham Gazette*, containing a report of the proceedings of the guardians, and the letter which it is resolved to forward to the Poor-law Board in answer to their requiring an explanation of the reasons of the guardians for reducing the number of medical officers.

Into the question of respect or disrespect to the Poor-law Board in not acknowledging their letters until Mr. Peel, the Inspector, visited the Board and secured the production of them, it is not my intention to enter. I presume the public have already made up their minds upon this point. What I should, however, like to touch upon is, that although they have forwarded a prodigiously long document, they have dealt mainly in general assertions rather than in positive proofs of the wisdom of their proceedings.

Having had an opportunity of inspecting the returns of sickness, &c., I learn that the smallest allowance of new cases which the least hardly-worked officer annually had was 1200, whilst his less fortunate brother officers have had considerably more. This number is totally beyond the means of any district medical officer fairly to deal with, if his private practice engages much of his time, and utterly beyond the capacity of the five newly-appointed officers to treat. I also demur to the grounds on which Mr. Clay's statements are based. When he moved for the appointment of the committee to consider the question of out-door relief, it was suggested by a guardian, and adopted by the Board, that power should be given to call the medical officers before the committee. This rational course was not followed, this being in marked contrast with the action of the committee of two years ago, who went exhaustively into the subject, examining medical and relieving officers, and who then decided, after months of consideration, that it was better to increase the staff than simply add to the salaries of the six then existing officers.

As regards the question of vaccination, I find, on inquiry, that it occupied each officer on an average about one hour weekly, whilst they realise about £50 each,—some compensation for the low remuneration of the medical service in other respects, and making the salary of each of the eight equal to that proposed to be given under the new arrangement to the five, with vastly increased obligations.

Mr. Clay—for I perceive it is his report—has been inspecting the books, and gives a long array of statistics. I shall not follow him—the average number of recorded cases is quite sufficient to show the folly of his proceeding,—but will content myself with stating that any one at all acquainted with Poor-law medical relief knows fully well that scores of cases are never recorded in the books at all. The medical officer, especially where, as at Birmingham, he finds all medicines from his stipend, is compelled to give such attendance in the way in which he can best economise his time and trouble.

I originally drew public attention to the faulty medical arrangements of this town, by learning from the Poor-law Reports how inadequate was the remuneration, how prodigiously the poor's-rate had mounted up in the fifteen years ending 1867—viz., from £31,777 in 1852, to £83,440 in 1867, and, as I am prepared to assert, mainly from this cause; but I did not allude then to what I will now. And it is this: In 1852, the in-door maintenance cost £3273 17s.; whilst, in 1867, it had mounted up to £21,470, minus the rations of officers; and which has unquestionably sprung from the irresistible inducements which the overworked district medical officers have had to send their bad cases into the workhouse for that treatment which they were unable, with justice to themselves, to give at home, and which system Mr. John Clay and his benighted followers would perpetuate if Mr. Goschen fails in preventing it.

As regards the apparent diminution of sickness recently, I would remind Mr. J. Clay that the last winter has been unusually mild, and therefore there has been less illness amongst the working classes. And, as regards his point about the medical officers being willing to do the work, I learn, when asked whether they could, they said they would try. And it is a significant evidence of the feeling entertained that I find only two officers have written to thank the Board for their appointments.

I am, Sir, your obedient servant,

Dean-street, March 17th, 1869. JOSEPH ROGERS.

THE ENSUING SESSION OF THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—Can you inform your readers when the General Medical Council meet, and if it is likely a Bill to amend the Medical Act will be introduced to the House of Commons this session? It is surely time something was now done to prevent unqualified persons from using titles, and imposing on the public.

I am, Sir, your obedient servant, J. A.

March 15th, 1869.

*** We cannot give our correspondent the information he seeks. We have already said that we think the Council should meet sooner in the year if it is to effect any amendment of the Medical Act. By the end of June—the usual time of the Council's meeting—all legislation that has any chance of being completed is well forward; ministers and members are getting tired, and indisposed to undertake fresh subjects. Considering the great importance of the amendment of the Medical Act, and of the points of difference between the Council and the profession on the subject, we hope the President will fix the meeting for as early a date as possible.—ED. L.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—Your persistent and earnest advocacy of the rights and privileges of the Fellows and Members of the Royal College of Surgeons, is as creditable to your disinterestedness, as it is merited by that vast neglected body,—the Fellows and Members of that corporate institution. And as you have directly appealed to me in your last leader to consent to be the recipient of contributions towards a fund for the purpose of testing the legality of the Council of the College in quietly ignoring the substance of the "body

corporate," whilst they, its mere shadow, most presumptuously assume the responsibility of electing one of themselves as the representative of the Royal College of Surgeons of England in the General Medical Council, I have no hesitation in stating my willingness to stand foremost in the rank for this desirable purpose. And I have not the least doubt myself as to the ultimate issue of a legal decision; for if words mean anything at all, the charter of 1852 is dead against them, for, as you have already justly observed, "it recognises distinctly the Fellows and Members as constituent parts of the corporation, and nowhere gives the Council separate jurisdiction." Now that we are in earnest in preparing for this legal struggle, I hope the Council will at once admit the necessity of gracefully acceding to us that which we shall legally wring from them as a right, and thus avoid all party feeling, and an unseemly deadly legal feud between 16,000 members of its "body corporate" and its Council of 25.

Permit me, Sir, to take this opportunity of replying to the many gentlemen who have written to me to know "When and what action" I intend to take relative to the election of councillors in July next. I have determined (encouraged by the great amount of support I am promised by the Fellows—yes, and Members too) to organise, and oust every retiring member of Council who will not pledge himself in writing to bring forward or support measures for the correcting of the defects and abuses complained of, in answer to a letter which I shall deem it my duty to address to these gentlemen as soon as I shall have official information as to who are the retiring members. We have plenty of new blood of the right material ready for the Council, and who will be nominated when the time comes.

If the Council still remain obdurate, we shall steadily persevere, although the process will be a slow one, until we have purged the Council of their many iniquities, not with "hyssop and honey;" but with that never-failing national drastic, "public opinion," until the Royal College of Surgeons shall not only be one of the noblest, but one of the *best* managed corporate institutions in the world.

Fellows and members desirous of contributing to a fund for the defrayment of the necessary preliminary legal and other expenses, will please communicate with me at once. The amount I shall publish in THE LANCET, together with (or without, if desired) the names of the contributors. In the meanwhile, no time shall be lost in gathering up our legal armour to fight the great cause.

The whole of the chirurgical profession will readily endorse your remarks relative to the present representative of the Council, Mr. Cæsar Hawkins, than whom a better representative could not possibly be. It is not, however, of *men*, but of *measures*, we are complaining.

I am, &c.,

Spalding, March, 1869. EDWIN MORRIS, M.D., F.R.C.S.

THE NEW DUTIES OF WORKHOUSE MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Would you have the goodness to insert, in your next issue, the enclosed memorial, which will be presented to Mr. Goschen in some manner hereafter to be decided on?

It has already been adopted by upwards of 100 workhouse medical officers residing in the Southern or South-Western counties, to whom it has been sent, and if any gentleman desires to join his brethren in memorialising, he can do so, by making a copy, signing, and forwarding it as early as possible to me.

At the time of the issue of the order you commented with much deserved severity, upon the unfairness the Poor-law Board had been guilty of in imposing these additional duties; but neither you nor the profession could have then imagined that the authors of the order contemplated the completion of their injustice by appointing their respective nephews to lucrative public appointments, the duties of which, *in future*, were to be performed almost entirely by workhouse medical officers, without any remuneration of any kind, and with the certainty of their being pretty generally embroiled with their local Boards, if the requirements contained therein were honestly complied with.

I am, Sir, your obedient servant,

Dean-street, March 17th, 1869. JOSEPH ROGERS.

To the Right Honourable the Poor-law Board.

My Lords and Gentlemen,—We, the undersigned, medical officers of workhouses, looking forward to the time when it will again become our duty to make the "statement" referred to in the General Order of your Board, dated April 4th, 1868, request to be supplied with an authoritative standard of requirements of your Board with respect to the several matters specified in the questions to be answered by us. We beg to express our desire that some other officers of the Guardians may be made responsible for supplying us with information on such matters as do not fall within the scope of our duties as medical attendants on the sick.

We wish to be informed whether our statement will be considered by your Board as private and confidential; whether it will be regarded as furnishing hints to guide and assist the official paid inspectors in the discharge of their duties; or whether it will be deemed public, accessible to Guardians, and liable to be sent to them by your Board. In the latter case, we beg to inquire how far we may expect the support of your Board, in the event of our "statement" bringing upon us the displeasure of our respective Guardians. And on this subject we desire to point out the grievous hardships inflicted on those workhouse medical officers who are not permanently appointed, in being called upon to make this "statement." Should they tone it down to avoid offending their Guardians, they will be liable to censure or dismissal at the hands of your Board for "neglect of duty;" should they, on the other hand, make a strictly true, but perhaps necessarily unfavourable "statement," they incur the risk of not being re-elected by their Guardians—that is, of dismissal without explanation,—and thus suffer stigma and injury for the faithful performance of their duty. We respectfully submit that this is not a position in which any officer should be placed.

Lastly, we beg that your Board will be pleased to direct suitable remuneration to be made to us for the new and responsible work imposed upon us by being called upon to perform the highly important duties of the inspectors, added to our already onerous and ill-paid labour as medical officers.

We have the honour to be, &c.

THE POOR-LAW BOARD AND THE HOLBORN BOARD OF GUARDIANS.

THE Poor-law Board have addressed a letter to the Guardians of the Holborn Union, intimating that it is not their intention to proceed with the Finsbury Sick Asylum. They propose to unite the Holborn Union with St. Luke's and St. James's (Clerkenwell), to form one Poor-law Union for all purposes. We must, however, emphatically protest against the appropriation of St. Luke's Workhouse as an infirmary. The site is, no doubt, excellent, but the building is ill arranged, the rooms are low, dark, and generally ill ventilated,—in fact, totally unsuitable for any such purpose in their present form. On the whole, this concentration must be regarded as a most important step, the propriety of which can scarcely be determined on the moment.

PREVENTION OF CONTAGIOUS DISEASES.

AN important meeting was held at Birmingham on the 16th inst. to discuss the propriety of applying the Contagious Diseases Act to that town. There were present the Bishop of Worcester and the majority of the beneficed clergy, with many leading medical men, amongst whom were Dr. Birt Davies, Mr. Furneaux Jordan, Dr. Bracey, and Dr. Bartleet, besides a large number of the leading townspeople of Birmingham. Mr. Bracey, the hon. secretary, read a report, which showed that contagious disease is very prevalent in Birmingham. At the Queen's Hospital, during eleven consecutive weeks, Mr. Wilders found 38 per cent. of his

patients to be suffering from this cause. From one-fifteenth to one-tenth of the patients at the Children's Hospital are similarly affected. In the Birmingham Workhouse there were on June 21st, 1868, according to Dr. Robinson, 131 cases, of which 64 were of the hereditary form. The direct cost to the parish is £800 per annum, and at least as much more indirectly. After some remarks from Dr. Wilkinson, the Rector of St. Martin's, Mr. Jordan, and others, the meeting resolved to form an executive committee, and to petition both Houses of Parliament for the Act to be extended to Birmingham.

Parliamentary Intelligence.

HOUSE OF COMMONS.

MARCH 11TH.

DISTRICT MEDICAL OFFICERS (BIRMINGHAM).

MR. GOSCHEN (in answer to Mr. Davenport) said it was so far true that the Birmingham Guardians had cut down the number of their district medical officers from eight to five that at the election which was held lately they elected only five of those officers instead of the eight they formerly had. But the question was by no means settled. Remonstrances had been made against the proposed alteration; and a letter was addressed in consequence by the Poor-law Board to the Birmingham Guardians, asking for an explanation of the grounds of the alteration. The Guardians did not answer that letter, but on the 4th of March they elected five instead of eight district medical officers. On the 6th of March the Poor-law Board wrote to them again, asking for an explanation of that election having been held notwithstanding its previous letter, and in that later communication the Poor-law Board said it must refuse its sanction to the reduction unless it could be satisfactorily shown that the duties of the district medical officers had very materially diminished. That reduction had been made, and officially the Poor-law Board had no information of the circumstances; but he was informed that while the district medical officers had been reduced from eight to five, their salaries had been increased from £150 to £200, and a public vaccinator—whose duties were previously performed by the district medical officers—had been appointed; so that the reduction in the number was rather from eight to six than from eight to five. However, unless good grounds were shown for the alteration, it would not be sanctioned by the Poor-law Board.

MEDICAL OFFICERS' SUPERANNUATION (IRELAND).

DR. BRADY brought in a Bill to provide superannuation allowances to medical officers of Poor-law unions in Ireland.

MARCH 16TH.

DIETARY SCALE FOR SEAMEN.

Mr. GILPIN asked the President of the Board of Trade whether he had considered the desirability of introducing a dietary scale for seamen into the Mercantile Marine Bill; and whether he had been informed that the carrying out of the Admiralty scale for troops and Her Majesty's Emigration Commissioners' scale for emigrants had been highly satisfactory, and that a similar scale for seamen could now be arranged without entailing additional cost to shipowners.

Mr. BRIGHT said that by the Merchant Shipping Act of 1854, the dietary scale agreed upon between the parties must be inserted in the articles of agreement. The Board of Trade had no power in the matter, and generally he might say that he thought that to settle the question of what should be the supply of food between the employer and the employed would not be a very desirable occupation for the Department of the Board of Trade.

METROPOLITAN POOR ACT, 1867.

Mr. GOSCHEN moved for and obtained leave to bring in a Bill to amend the Metropolitan Poor Act, 1867. The Bill, he said, was not to interfere with the principle of that measure; it would simply amend, and by no means repeal it. As to explain the Bill he should have to go at length into facts and figures, he should reserve his statement till the second reading.

Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on March 11th:—

Atkins, Francis Day, Dalston-lane, Dalston.
Coombe, Robert Gorton, Burnham, Essex.
Ennals, Charles Thomas, Littleport, Cambs.
Laking, Francis Henry, Addison-road, Kensington.
McLean, George, High-street, Poplar.
Peacock, Edwin, Oldbury, Worcestershire.
Turner, George Edward Waine, Stockport.
Welsh, Joseph, Clun, Salop.

As Assistants in Compounding and Dispensing Medicines:—

Hughes, Hugh Davies, Gurner-street, Walworth.
King, Alfred, Blackman-street, Borough.
Luff, William, Cornmarket-street, Oxford.
Thrower, Edward Arthur, Diss, Norfolk.

BLACKHEATH.—A new invader, commonly known as "the grub," the larva of the long-legged gnat, *Tipula oleracea*, or daddy-long-legs, has destroyed many acres of this well-known and healthy suburb, leaving the green sward as completely brown as if it had suffered many months' drought. The unusual heat of last summer favoured the development of insect life to such an extent that in certain localities our green swards, both here and elsewhere, were literally covered with this plague of flies, the result being the destruction of both roots and grass.

BRISTOL GENERAL HOSPITAL. — The half-yearly meeting of subscribers was held on Monday week, when the report of the Managing Committee showed that the institution had been kept fully up to its work last year, the ward beds being for the most part full during that period. The applications in the out-patient department have grown so numerous as to overtax the medical staff, and the Committee have now appointed an additional resident officer as physician's assistant, to attend to the out-patients. The total number of admissions during the past year was 15,527; of these 1248 were in-patients, and 14,279 out-patients, of which latter 9648 were admitted by subscriber's notes, and 4631 were casualties or emergencies. The deaths in the hospital were unusually numerous last year; as compared with 1867 they were 96 against 71. The report expresses on the part of the Committee, "their high appreciation of the professional ability, zeal, and courtesy, of the members of the medical and surgical staff," and a cordial vote of thanks to them was accorded by the subscribers.

MUSTARD POULTICES.—M. Gubler, at a late meeting of the Academy of Medicine of Paris, stated that M. Schaffner, a pharmacien of Lyons, prepares sinapisms as follows:—Some waterproof substance is spread on one side of a sheet of blotting-paper, and on the other side a layer of a spirituous solution of essential oil of mustard.

A USEFUL WORK.—M. Adolphus Buchting, bookseller in Nordhausen, has just published eight small catalogues, each containing a distinct branch of medicine, and including all the works and periodicals which have been published in Germany from 1848 to 1867. Thus, in taking up the catalogue, for instance, of pharmacology and toxicology, of the practice of physic, or of surgery, we learn at a glance what has been published on these subjects in Germany for the last twenty years.

Obituary.

SIR JOSEPH OLLIFFE.

THIS distinguished physician died on Sunday last, at Brighton, in the sixty-first year of his age. He had been suffering during the preceding summer from Bright's disease of the kidneys, and had gone to Deanville, in which place he possessed large property. There MM. Amussat and Nélaton occasionally attended him, and after some time the patient's general condition was much improved. He did not, however, recover his health; and three months ago he set out for Brighton, in order to try the effects of a

change of air. It is said that on leaving France he felt a melancholy foreboding that he should never return to that country.

Sir Joseph Olliffe commenced life in somewhat humble circumstances. During some years he lived in Paris as a professor of languages. His tastes, however, attracted him towards the study of medicine, and in spite of the difficulty of having to gain his livelihood, he passed a most creditable examination at the Paris Faculty, where he graduated in 1840. He then commenced plodding his way through the anxieties and troubles of incipient practice, backed up by no personal means, when, about 1846, chance threw a golden opportunity in his way, in the shape of a wealthy marriage and establishment. The story of this marriage is a most romantic one. It is related that one day Miss Cubitt, the daughter of the well-known builder and alderman of London, was walking through one of the Paris streets, when she missed her step, and sprained her ankle. Dr. Olliffe, by a mere chance, was called in to attend the young lady. She became enamoured of her doctor, and notwithstanding opposing circumstances, a marriage was contracted. This immediately brought her husband into notice, and enabled him to await in prosperous circumstances his chances of success in the practice of his profession. Dr. Olliffe soon enjoyed a large practice, which his appointment as Physician to the British Embassy at Paris much aggrandised and extended. Both on account of his ability as a physician, and his kind and amiable nature, he was held in high esteem and respect in Paris. His practice not only included English residents and visitors, but extended to the highest French circles. Through the influence of Lord Cowley, he obtained the honour of knighthood at the time of that Ambassador's nomination.

During the latter years of his life, and whilst the Duc de Morny was still alive, Sir Joseph was engaged in very important land and building speculations at Deanville, near Trouville. In fact, it is mainly due to the energy of Sir Joseph Olliffe that this fashionable watering-place was established. It is quite possible that the wear and tear of mind attending this Herculean labour, added to the anxieties of an active practice, proved too much for even Sir Joseph's strong constitution.

We have not as yet heard whether the appointment held by the late Sir Joseph at the Embassy has been bestowed upon any of our Paris *confrères*. The gentleman spoken of as likely to be his successor is Dr. Chepmell, whose position in Paris and in the profession generally fully warrants this surmise.

ALDERMAN TOSHACH, J.P.

(SOUTH SHIELDS.)

We regret to record the death of Alderman Toshach, J.P., of South Shields, a respected member of the profession, well on his way to fourscore years, which, "by reason of strength," is sometimes attained. Mr. Toshach was the son of the Rev. Charles Toshach, a Presbyterian minister, who attained a still more patriarchal age. Mr. Toshach was one of those surgeons who were admitted into the profession on the strength of medical services rendered to the country in the war times of the early part of the century, and is registered as in practice before 1815. He studied in London, and practised for two or three generations in South Shields, where his professional, and, lately, venerable, appearance were well known, and will now be much missed.

Mr. Toshach was at the time of his death an ex-mayor and alderman of the borough, and a borough magistrate. A few years ago he received a testimonial from the inhabitants. Latterly he was obviously feeble, but able to be about till the very last, when his death was sudden. He was at the communion on Sunday, and died as he was going to bed, apparently from faintness.

Medical Appointments.

Aston, J., M.R.C.S.E., has been reappointed Medical Officer for the Waddingham District of the Caistor Union, Lincolnshire.

Borham, W. H., L.R.C.P.Ed., has been appointed Medical Officer for the 2nd Division of District No. 1 of the Halstead Union, Essex, vice D. Sinclair, F.R.C.S.Ed., resigned.

Buckell, F. J., M.B., Honorary Medical Officer to the Holloway and North Islington Dispensary, vice Dr. Ducat, resigned.

Buckley, Dr. H. R., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Coolrain Dispensary District of the Mountmellick Union, Queen's County, and Medical Attendant to the Royal Irish Constabulary at Coolrain, vice H. M. Clarke, L.R.C.P.Ed., appointed to the Philipstown Dispensary District of the Tullamore Union.

Crowfoot, E. B., M.B., has been appointed a Medical Officer to the Beccles Dispensary, vice G. Peskett, M.D., deceased.

Dunn, G. P., M.R.C.S.E., has been appointed Medical Officer for the Northfield District of the Kings-Norton Union, Worcestershire, vice Edward Moore, F.R.C.S.E., resigned.

Evans, M. G., M.D., M.R.C.S., has been re-elected Medical Officer to the Siebech District of the Narberth Union.

Grambshaw, H., M.R.C.S.E., has been appointed Medical Officer for the 1st Division of District No. 1 of the Halstead Union, Essex, vice D. Sinclair, F.R.C.S.Ed., resigned.

Heisch, Mr. C., has been appointed Examiner of Gas to the City of London, vice Letheby, resigned.

Hills, Mr. G., has been appointed Medical Officer for the Milland District of the Midhurst Union, Sussex, vice J. Woods, L.R.C.P.Ed., resigned.

Johnson, E., M.D., has been appointed Physician to the Seaside Convalescent Hospital, Seaford, vice H. G. Wright, M.D., deceased.

MacIntyre, P., M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Henstead Union, Norfolk, vice C. Drake, M.R.C.S.E., deceased.

Maclachlan, A., M.B., has been appointed a Medical Officer to the Newcastle-on-Tyne Hospital for the Diseases of Children.

Metcalfe, R. I., M.D., has been appointed a Medical Officer to the Beccles Dispensary, vice G. Peskett, M.D., deceased.

Morrill, A. H., M.R.C.S.E., has been appointed Medical Officer to the Welwyn Union, Herts, vice E. J. Morris, L.F.P. & S. Glas., resigned.

Morrison, W. F., L.R.C.P.Ed., has been appointed Assistant Medical Superintendent of the Fife and Kinross District Asylum, Cupar, vice C. H. Skae, M.D., appointed Medical Superintendent of the Ayrshire District Lunatic Asylum.

Nutt, C., M.R.C.S.E., L.S.A.L., has been appointed Medical Officer and Public Vaccinator for District No. 4 of the Holsworthy Union, Devon, vice H. G. Cory, M.R.C.S.E., resigned through ill-health.

Phelps, F. P., M.R.C.S.E., has been appointed Surgeon to the Exeter Dispensary, vice Stonard Edge, M.R.C.S.E., resigned.

Pickett, J., M.R.C.S.E., L.M., has been appointed Medical Officer and Public Vaccinator for District No. 1 of the Wallingford Union, and Medical Officer to the Workhouse, vice C. A. Barrett, M.R.C.S.E., resigned.

Raine, Mr. A., has been appointed Assistant to the House-Surgeon of the Staffordshire General Infirmary, vice Greaves, resigned.

Smyth, S. R., L.R.C.S.I., has been appointed Resident Medical Officer to the Dispensary, Bury, Lancashire, vice Wm. J. Wane, M.R.C.S.E., resigned.

Turner, R., M.R.C.S.E., has been appointed Medical Officer to St. Ann's Workhouse, Lewes Union, Sussex, vice W. H. Murrell, M.R.C.S.E., resigned.

Webster, Mr. T. B., has been appointed Medical Officer and Public Vaccinator for the Parish of Dulrinish, Skye, Inverness-shire, vice Alex. Campbell, L.F.P. & S. Glas., appointed to Lochbroom.

Williams, D. W., M.D., has been appointed Medical Officer for the Anglesey No. 2 District of the Bangor and Beaumaris Union, vice Barker, resigned.

Willis, M., M.D., has been appointed Medical Officer and Public Vaccinator for the Eastern District of the Aysgarth Union, Yorkshire.

Wilson, J. B., L.R.C.P.Ed., has been appointed Assistant House-Surgeon to the Sheffield General Infirmary, vice J. B. Ward, B.A., M.B., resigned.

Births, Marriages, and Deaths.

BIRTHS.

Davy.—On the 12th inst., at Elm-grove, Terenure, Roundtown, the wife of Edmund W. Davy, M.B., of a son.

Hall.—On the 17th inst., at The Crescent, Carlisle, the wife of Cornelius S. Hall, Surgeon, of a son.

Moore.—On the 13th inst., at Cambridge-heath, N.E., the wife of Dr. E. H. Moore, of a son.

Southey.—On the 9th inst., at Colnbrook, Slough, the wife of Albert J. Southey, M.R.C.S.E., of a son.

Watson.—On the 8th inst., at Montague-street, Russell-square, the wife of W. Spencer Watson, F.R.C.S.E., of a son.

MARRIAGES.

Bramhall—Drummond.—On the 9th inst., at St. John's, Birkenhead, Sykes Bramhall, L.R.C.P.Ed., of The Old Forge, Goodrich, Herefordshire, to Isabella Jane, daughter of the late Ralph Drummond, Esq.

Leacock—Law.—On the 23rd ult., at St. Luke's, Antigua, Charles George Leacock, M.R.C.S., to Jessie Florence, fourth daughter of the late James Law, Esq., of Green Castle, Antigua.

DEATHS.

Brown.—On the 26th ult., at Stroud, Wm. Spence Brown, M.D., aged 53.

Evans.—On the 12th inst., at Brynfedwen, Treherbert, of pneumonia, Wm. Evans, L.R.C.P.Ed., M.R.C.S., L.M., aged 43. Deeply regretted.

Ferguson.—On the 12th inst., at the Regent's-park, Dr. Archibald Fraser Ferguson, F.R.S.

Paterson.—On the 2nd inst., at Canning-street, Falkner-square, Liverpool, Margaret Patton, wife of David Paterson, L.R.C.S.Ed.

Porter.—On the 4th inst., at Bloomfield Lake, Isle of Wight, John Vining Porter, M.R.C.S., L.S.A., aged 50.

Seaton.—On the 4th inst., at The Crescent, Scarborough (the residence of Richard Howell, Esq.), Sarah Ellen, for nearly thirty years the devoted and beloved wife of Joseph Seaton, M.D., of Halliford House, Sunbury.

Turner.—On the 13th inst., at Keith, N.B., Agnes, second daughter of Dr. Turner, aged 25.

Medical Diary of the Week.

Monday, March 22.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."

Tuesday, March 23.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Wm. Ogle: "Case illustrating the Physiology and Pathology of the Cervical Portion of the Sympathetic Nerve;" &c.

Wednesday, March 24.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 P.M. Prof. Huxley, "On the Construction of Vertebrated Animals."
HUNTERIAN SOCIETY. — 8 P.M. Mr. Bryant, "On some Points in the Treatment of Diseases of the Joints." — Dr. Daldy, "On Death in Scarlet Fever from Coagula in Right Side of Heart."

Thursday, March 25.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Friday, March 26.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.

Saturday, March 27.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

Notes, Short Comments, and Answers to Correspondents.

THE COUNCIL OF THE COLLEGE OF SURGEONS.

OUR contemporary, the *Medical Times and Gazette*, among the topics of last week, announced its "regret that Professor Humphry's motion in favour of the election of non-councillors into the Court of Examiners was not confirmed at the meeting of the Council of the College on Thursday last. The reason of the non-confirmation of this motion is said to be that an opinion adverse to the admission of non-councillors to the examinership has been obtained from high legal authority." As it happened, the event here foretold did not occur, to the astonishment of the College officials, and the stultification of notices penned in anticipation. The Editor was, we understand, *petrified* when he received from Professor Humphry an indignant denial of the statement. The statement put forward some weeks back by another contemporary, to the effect that the vote on Mr. Humphry's proposition was *unanimous*, is also shown by the minutes of the Council suspended in the College this week to be inaccurate. At the meeting, from which only Messrs. Mackmurdo and Hancock were absent, the following councillors voted for and against Mr. Humphry:—For: Messrs. Cock, Solly, Adams, Busk, Curling, Clark, J. Paget, Hawkins, Hewett, Birkett, Simon, Humphry, and Holden. Against: Messrs. South, Lane, and Turner. Mr. Quain was in the chair, and therefore did not vote; nor did Messrs. Swan, Hilton, Smith, T. Paget, and Sir W. Fergusson avail themselves of their privilege, for reasons best known to themselves.

Mr. Fred. H. Moses, (Burton-on-Trent.)—Our correspondent's best course would be to lay the whole matter before a respectable solicitor, and act on his advice.

Dr. James More.—We are unable to afford any information relative to the food in question, though it may be a very good one.

THE CLERGY AND THE SICK POOR.

WHILST we are quite ready to allow that in a large number of cases the relations between Poor-law medical officers and the clergy of country districts are of a very satisfactory character, and that the two classes work well together, there are many instances in which meddling propensities are constantly displayed by other clergymen, who arrogate to themselves a superiority which they imagine allows them to hold the medical man at their every beck and call; and they do not hesitate even to criticise and interfere with the treatment or diagnosis of the most difficult diseases. A case in point has come under our notice. Dr. Kirkland, of Gold Hill, receives a note from a Rev. Charles Lloyd, as follows:—"I have just seen Wagstaff at the Pest House. His wife tells me that you give no hope at all. Will you be so good as to tell me what you think is the matter with him, and if it is your opinion that nothing can be done for him. He is a great ally of mine, and I would do anything in reason for him." Dr. Kirkland replies that the man is affected with malignant disease of the liver, and that he has for some time had fears of "his mind giving way." The reverend critic rejoins that "Neither Mr. Richards (his curate) nor himself can see the slightest tendency in Wagstaff to any imbecility of mind. He talks as reasonably and as collectedly as any man can. He appears to be suffering, as you say, *from a malignant attack of liver*, for which, I suppose, strong and decided measures should be used, and I hope you will look in upon him, and see what can be done to remedy this attack." His reverence might as well write sense. It may well be imagined that Dr. Kirkland characterised his correspondent's letter as "interfering" and "impertinent," and explains that the man has been specially well attended. The next step is taken by the guardians of the Amersham Union, who bring the reply of Dr. Kirkland to the Rev. C. Lloyd, "acting as Chairman of the Board," before the notice of the Poor-law Board, with several complaints (conveniently found) of inattention to the poor. Dr. Kirkland, of course, has sent his own version of the matter to the Poor-law Board, in which he completely answers the whole of the frivolous charges brought against him. Now, neither the guardians nor the Poor-law Board have any right or power to act in this matter, which is entirely a personal dispute, nor should it ever have been brought under their notice. From beginning to end it is discreditable to the Rev. Mr. Lloyd, whose interference after the first letter he received from Dr. Kirkland was particularly impertinent and uncalled for. It could not have been otherwise than offensive to any gentleman. Mr. Lloyd is wanting in common courtesy. He has yet to learn it, and we hope the answer of the Poor-law Board may help him in his task. But the case well illustrates the reply to the old conundrum about the relative difficulties of physic and divinity. It is much easier to "preach" than to "practise."

Public Vaccinator.—Our correspondent may vaccinate, but cannot charge the guardians for the case.

Inquirer.—The new-comer should take the initiative.

CHROMATOSCOPY.

To the Editor of THE LANCET.

SIR,—Dr. Wolfe's letter on this subject hardly needs a reply; but perhaps I ought not to leave it wholly without notice.

It is manifest that any method of examination that displays the existence of a cone must also display the direction of its extremities. Hence, as a matter of fact, the direction of the retinal cones is perfectly well known to microscopic anatomists, as well as the ordinary position of the human body to general observers. If Dr. Wolfe were to propound a hypothesis about locomotion, based on the proposition that men walk upon their heads, no one would scruple to characterise it as an "utter absurdity." The cases are precisely parallel.

Dr. Wolfe lays stress upon Dr. Galezowski's character as an "honest labourer and diligent observer." I know Dr. Galezowski only by his published works, and these, even prior to his last mas er-stroke, would have induced me to describe him in a somewhat different manner. I do not for a moment dispute either his honesty or his diligence; but his writings display a remarkable absence of discrimination, of accuracy, and of caution.

Dr. Wolfe is hopelessly wrong about the accommodation, the changes of which have no effect whatever on colour vision. It is true that when we look at an object, we see its colours more vividly than we do those of lateral objects, at which we are not looking; but this depends upon the greater sensibility of the central than of the lateral portions of the retina. Colour alone, without an object, is not influenced by the accommodation. If we look with one eye, through a slip of red glass, at a white cloud, and if we place behind this glass a lens of moderate power, not the slightest effect upon the tint is produced. If the lens were placed and withdrawn by another person, we could not tell whether it was absent or present, convex or concave. If we use a lens of high power, we get more or less light, and the tint is deepened or lightened; but a lens sufficient to overcome all possible efforts of accommodation leaves the colour unchanged; and thus proves, as it appears to me, that colour vision cannot be influenced by any dispersion of rays in the retina, either in the cones or in any other portion of the membrane.

It is simply tiresome to have to write such elementary matter as this, and I therefore beg leave to say that my share of the controversy is at an end.

I am, Sir, your obedient servant,

March, 1869. ROBERT BRUDENELL CARTER.

An Apprentice.—The drops are made by allowing melted glass to fall into cold water, and the internal particles are held unnaturally apart by the sudden cooling of the external crust. When the latter is broken, the particles rearrange themselves suddenly, as they would have done gradually if the cooling had been gradual.

Dr. W. Tindal Robertson's letter shall appear next week.

PETITIONS TO PARLIAMENT.

FROM the Reports of the Select Committee on Public Petitions, so far as they have been published for the present session, we gather that the right of petitioning Parliament for redress of grievances, which is a fundamental part of the constitution, is in no danger of lapsing by desuetude. Although the session is but in its infancy, over a thousand petitions on various subjects have been presented to the House of Commons, among them being 113 from Poor-law medical officers, asking the House to legislate for the removal of the discontent now prevailing throughout the service. Mr. Torrens took charge of all these petitions, which came from every part of England and Wales, and were all couched in the terms agreed upon at the meeting of the Poor-law Medical Officers' Association in January last. For alteration of the Metropolitan Poor Act (1867), ten petitions, with 775 signatures, have been presented. The inhabitants of Barnstaple (Devon) pray the Legislature to extend the Contagious Diseases Act (1866) to that town and to the kingdom at large, believing that its operation "has been attended with much success." For the repeal of the Vaccination Acts, six petitions have been lodged, one of which is in every way characteristic. It was presented by Mr. Mundella, professed to emanate from "a crowded and enthusiastic public meeting of the inhabitants of Sheffield," and prayed either for the *immediate* repeal (so great is the exigency of the case) of the Compulsory Vaccination Act, 1867, or for the appointment of "an impartial Committee to inquire into the whole subject of vaccination," the operation of the compulsory clauses meanwhile to be suspended. But our anti-vaccination friends may possibly find some comfort in the knowledge that their eloquent protest against what they no doubt consider medical tyranny, if it do not move the Senate to "*immediate*" action, has been printed at the cost of the British taxpayers. The butter-shop or the paper-mill has, we may safely say, already been the "immediate" destination of this printed anti-vaccination petition. The ratepayers of Brixton and Stockwell, or some of them at least, do not appear to like the prospect of having large Fever and Small-pox Hospitals erected in their neighbourhood, and they lodge their protest against "the enormous cost that these institutions will entail upon them, to say nothing of the great and lasting injury which such Fever and Small-pox Hospitals will bring to the flourishing suburbs of Clapham, Brixton, and Stockwell." From which it may be gathered that the worthy suburbans are disquieting themselves somewhat needlessly. We have not heard that the dwellers in proximity to the Fever and Small-pox Hospitals at Islington suffer more from those diseases than do others remote from their locality; and we have no reason for assuming that the case will be otherwise when the new hospitals for those diseases shall have arisen at Brixton.

THE paper of *Mr. G. D. Pollock* shall be inserted next week.

TREATMENT OF DETACHED RETINA.

To the Editor of THE LANCET.

SIR,—Having some years ago tried in several cases the method adopted by Mr. J. Z. Laurence in the case of detached retina published by him in your impression of the 6th instant, I am able to respond to his request for the "further experience of others" on this subject.

The idea of evacuating the fluid effused between the retina and choroid by puncturing the latter coat and the sclerotic must, I suppose, have occurred to all surgeons seeing these cases who were familiar with the common surgical method for removing dropsical effusions from serous cavities. I know it had been practised by others before I gave it a trial in the following way: Having previously ascertained by an ophthalmoscopic inspection of the eye the exact situation of the dropsical fluid displacing the retina, I let it out by piercing with a medium-sized, broad-cutting needle the retina and choroid, selecting, when possible, the interval between two of the musculi recti. Some of the fluid (usually a straw-coloured and brownish serum) always escaped externally, and some commonly spread along the subconjunctival areolar tissue.

The first results in some cases were encouraging; the visual field enlarged, and there was some increase of visual acuity; but I cannot recollect any instance where this improvement continued, and where the progress of the detachment was permanently arrested. This failure of simple paracentesis of the sclera and choroid led me to try laceration of the detached portion of retina, for the purpose of making a free communication between the extra-retinal space containing the enclosed fluid and the (intra-retinal) vitreous humour, which would have the effect of equalising the pressure on the outer and inner surfaces of the retina, and would favour the replacement of this membrane.

This method, which had been also tried by some of my colleagues, and by Prof. von Gräfe, gave me rather more encouraging immediate results than paracentesis; but in none of my cases were these permanent.

To sum up, I found both methods generally harmless—that is, I could seldom trace any bad consequences directly to them; but both failed alike to arrest permanently the course of the detachment. In a few instances, however, acute choroiditis followed the operation so closely that I could not but connect them as cause and effect. Of the two methods, my experience inclines me rather more towards laceration of the retina than to paracentesis sclerae; and having regard to the intractability of the affection by ordinary measures, I still occasionally practise the former.

I am, Sir, your obedient servant,

Old Burlington-street, March 12th, 1869. J. W. HULKE.

Student.—There can be no proof of *successful* vaccination except the production of a vesicle, although it would not be identical in appearance in all animals.

Dr. F. J. Brown.—Many thanks.

An American M.D.—The communication on the American Medical Colleges is so long that we regret to say we cannot find room for it.

DIARRHŒA AND ITS CAUSES IN LEICESTER.

IN his September Quarterly Report, the Registrar-General, referring to the excessive diarrhœal mortality in Leicester, remarked that there must exist "conditions exceptionably favourable to the diffusion" of that disorder. The Local Board of Health, acting upon this suggestion, forthwith nominated a Sub-committee (including members of the medical profession) to take the matter into consideration, and to report thereon. A document now before us, addressed to the Board by Mr. James Thompson, at whose instance the Sub-committee was appointed, shows pretty clearly that the Registrar-General's surmise was correct. Mr. Thompson speaks of "the enormous number of open cesspools scattered all over the town;" the number of pigsties, slaughter-houses, and stables; the inefficacy of some of the main sewers; and "the introduction into wells, by percolation, of the emanations from cesspools, the water being drunk by the inhabitants of the locality." Little wonder, then, that diarrhœa should abound, particularly during a season of unusual dryness and heat. Judging from Mr. Thompson's statements, the main sewer, instead of being, as it ought to be, an instrument of defence against disease, is, by its bad construction, a source of constant danger. We can conceive of few conditions more thoroughly mischievous to health than a sewer made in its lowest part without even mortar, let alone cement, the consequence being that the interstices between the bricks get filled up with sewage, the free passage of the solid matter being impeded, while much of the liquid soaks into the surrounding soil. We hope to hear that the Local Board have taken measures to remedy this state of things.

A Public Vaccinator should write to the Medical Department of the Privy Council, Richmond-terrace, Whitehall, S.W.

27th Regiment.—Let our correspondent ask any military tailor. We have not heard anything about the alteration of the medical officers' headdress.

COUNTER-IRRITATION.

To the Editor of THE LANCET.

SIR,—In your issue of Feb. 27th, I notice a brief article "On the Popular Idea of Counter-Irritation," by Dr. Anstie. The following is the preface by which Dr. Anstie introduces his remarks to your readers:—"I am unfortunately circumstanced at present in one respect. It can rarely happen to an author to have the bread so taken out of his mouth as mine has been by the publication of a very able and lucid paper on the same subject as my own."

I have not seen Dr. Dickinson's paper, to which Dr. Anstie refers; but I can safely say that "many of the ideas which have for a long time past been in my mind with regard to this subject are used" by Dr. Anstie in his article. But I am not so "unfortunately circumstanced" as Dr. Anstie; for if that gentleman will take the trouble of referring to the *British Medical Journal* for Sept. 19th, 1863, he will find a letter from me on this subject, and he will be in a position to judge whether what he calls the "burden" of his article is not already advanced in that letter. I stated in that letter as my opinion—1st, that the influence transmitted from an irritated surface to a neighbouring morbid texture is conveyed through the medium of the tissues; 2nd, that the influence is of the nature of a stimulant; 3rd, that, although I did not object to the term "counter-irritation," I advocated such a change in its definition as would make its employment unobjectionable. In logical phrase, I would retain the denotation, but would alter the connotation of the term.

I wrote a short paper on this subject in 1862, when a medical student, and the theory propounded was frequently discussed between some of my fellow-students and myself. In 1863 I rewrote and greatly extended this paper; and although it was never published, it has been perused by some of my medical friends. Now, although I am not entitled to put forward a claim of priority on the strength of an unpublished paper, yet, when the circumstance of the letter which appeared in the *Association Journal* is taken into account, I think that I am justified in referring to this paper to show that I have reduced my ideas on this subject to a definite shape some years ago.

I am, Sir, yours very truly,

Newchurch, March 6th, 1869. JAMES ROSS, M.D.

To the Editor of THE LANCET.

SIR,—I read ("sicut meus est mos") your impression of the 27th ultimo, and was much interested by Dr. Anstie's lucid remarks "On the Popular Idea of Counter-Irritation," and I have confidence to feel that the few words I have to offer will not be deemed by you as "vacant chaff well meant for grain."

I, like most other practitioners, have used blisters empirically, and found them useful in many cases, although their *modus operandi* in the relief or cure obtained was then unknown to me. I have often pursued the same train of thought Dr. Anstie has done, without, however, arriving at the same terminus; for I now believe that the good blisters do may to some extent be most satisfactorily explained; and as scientific physicians now-a-days do not seek so much to cure by this or that as by every means in their power, I, in respect to blisters, still use them, and thus explain their use. I believe blisters often do immense good by diverting the patient's attention from the internal organ or part affected, whilst at the same time the patient's mind and nervous system are invigorated by the hope and faith (which the presence of the blister thus applied most materially increases) that something is being done for his relief or cure; and it is impossible to over-estimate the good effects which often result, especially in nervous people, from the daily or hourly instillation, not of this or that drug, but of these powerful tonics, hope and confidence. Most disorders terminate in recovery, and that they do so without any assistance *ab extra* must be admitted; and I contend that in some cases, after having tried all the adjuvants which scientific knowledge suggests to us as appropriate to the case, we may, and often with immediate benefit, take due advantage of that intimate relation which we, as physicians, know to subsist between the mind and the body, and the mysterious influence the one has over the other.

Yours faithfully,

Norfolk, March, 1869. W. SUMPTER, M.D.

THE DUST OF CITIES.

A MICROSCOPICAL examination of the dust of our cities has been recently made by Mr. Dancer, F.R.A.S., and the results obtained by him are not of a very gratifying character. Mr. Dancer found an abundance of organic matter in all the specimens he examined. At the height of about five feet there was evidence of considerable "molecular activity" in the shape of animal life, besides vegetable matters, much of which consists of what has passed through the stomachs of animals, or has undergone some form of decomposition or other. Professor Tyndall also, in a lecture which he recently delivered at the Royal Institution, "On the Chemical Rays and the Light of the Sky," says: "Wishing, two or three months ago, to render visible what occurred within these tubes on the entrance of the gases or vapours, I found it necessary to intensely illuminate their interiors. The source of illumination chosen was the electric light, the beam of which, conveyed by a suitable lens, was sent along the axis of the tube. The dirt and filth in which we habitually live were strikingly revealed by this method of illumination. For wash our tube as we might with water, alcohol, acid, or alkali until its appearance in ordinary daylight was that of absolute purity, the delusive character of this appearance was in most cases revealed by the electric beam. In fact, in air so dirty as that which supplies our lungs—and I will not say that we could get on healthily without the 'dirt,'—it is not possible to be more than approximatively cleanly."

DIPSOMANIAC ASYLUMS.

To the Editor of THE LANCET.

SIR,—A letter in your last number, signed S. Theobald, while noticing my communication published in THE LANCET of the 20th ultimo, says, "Dr. Webster states that the establishment of Queensberry Lodge for the cure of dipsomaniacs is (he believes) the only one in Great Britain;" and, further, that I thus committed a mistake, since an establishment for ladies afflicted with dipsomania is open at Leicester. Of course I am always glad to be corrected if making an erroneous statement, especially should "the correction come from the pen of a lady" like the present: respecting whom, let me add, I would much wish to write the customary courteous prefix of either Miss, Mrs., or otherwise; but unfortunately ignorance prevents my here selecting the proper title, which I hope may be deemed an apology to your polite and respected correspondent. However, in reply to my fair critic, permit me to observe that Queensberry Lodge is a public institution, long forming part of the Refuge for the Destitute in Edinburgh, and certainly not analogous in its chief features to private establishments for inebriates. Indeed the words I used distinctly express such opinion—viz., it is "an institution which I believed is the only one *of a similar character* throughout Great Britain." Readers will therefore readily recognise the different meanings enunciated by the two paragraphs now quoted, and that no misunderstanding can hence prevail regarding the point at issue. Indubitably I am aware several retreats for the victims of drunkenness exist in this country; but public dipsomaniac sanatoria, having legal sanction, are still desiderata in England, notwithstanding receptacles of that description are much wanted, and would prove a great benefit to those members of suffering humanity who cannot be legally placed in lunatic asylums, although, from being drunkards, they often require, like insane patients, medical treatment and careful surveillance.

I remain, Sir, yours, &c.,

March 15th, 1869. JOHN WEBSTER, M.D., F.R.S.

A NEW ELEMENT DISCOVERED BY SPECTRUM ANALYSIS.

AT the *soirée* of the Royal Society of the 6th instant, Mr. H. C. Sorby, F.R.S., exhibited for the first time some phenomena in his spectrum microscope, which have led him to the conclusion that they are due to the presence of a new element, for which he has proposed the name of jargonium. A similar, if not identical, discovery is said, however, to have been published nearly three years ago by Prof. A. H. Church, M.A. Those of our readers who are interested in the subject may refer to the last number of the *Chemical News*, to which publication we are indebted for the facts here stated.

THE GLASGOW DIPLOMA.

To the Editor of THE LANCET.

SIR,—Perhaps you will allow me to correct an error which occurs in the article headed "The Glasgow Diploma" in your last issue. After enumerating the subjects of the pass examination of the Faculty, you add: "These latter subjects (meaning, I presume, all the subjects except Surgery and Surgical Anatomy) are, however, only supplementary." This is incorrect. To show this it may be enough to state that, as regards the number of questions set at the written examination, the time allowed at the oral examination, and the number of examiners in the Board, the examination on Practice of Medicine is precisely on a parity with that on Surgery; and that the practical examination at the hospital embraces not only Clinical Surgery, but also Clinical Medicine.—Your obedient servant,

ALEXANDER DUNCAN, Secretary.

Faculty of Physicians and Surgeons, Glasgow, March 16th, 1869.

A Disappointed One.—Our correspondent had better consult some lawyer. His is by far too serious a case upon which to advise on an *ex-parte* statement. There would seem to be a *primâ facie* case for establishing some claim on the ground that the information afforded in the first instance, as regards the practice, was such as quite to mislead our correspondent as to its value—that is to say, if the case be in reality such as put by our correspondent.

PRACTISING CHEMISTS.

To the Editor of THE LANCET.

SIR,—Is there no means of preventing a mere chemist from placing "Accoucheur" on his door-plate? It is bad enough for them to practise midwifery. Surely there must be some remedy.—Yours, &c.,

March 10th, 1869. GENERAL PRACTITIONER.

"BANTING" AS A CAUSE OF BRIGHT'S DISEASE.

DR. TH. CLEMENS, of Frankfort-on-Maine, relates, in the *Deutsche Klinik*, three cases in which patients of his own had pursued "Banting" to excess, and with the gravest consequences to their health. The renal disease under which they suffered was very insidious in its origin, and at the time of their seeking medical aid its symptoms were fully developed. The cases terminated fatally. Dr. Clemens believes that a tendency to this disease is caused by an excess of albuminous matters in the blood, together with a loss of fat of the kidney. We are aware of the difficulty of determining the causative connexion of occurrences of this kind; but the perusal of these cases has brought to our recollection an instance in which similar symptoms of renal disease manifested themselves in a patient who had been rigorously "Banting." The patient himself attributed his disease and loss of health to that cause, alleging that he was not aware of the existence of anything wrong with him at the time he commenced it. There was, to our minds, nothing improbable in the view that the condition of system induced by "Banting" was a powerful factor, at any rate, in causing disease of the kidney. The patient in this instance likewise ultimately died.

THE ADMINISTRATION OF PERMANENT OUT-DOOR RELIEF.

To the Editor of THE LANCET.

SIR,—I beg to say, in reference to your annotation on Mr. H. Taylor's proceedings in the matter referred to in THE LANCET of March 6th, page 336, that Boards of Guardians or their officers are more competent to judge of the circumstances of the parties they are called upon to assist than medical men can possibly be. In all cases I am called to, I give without question a certificate for such articles of diet as I think the case requires; but I consider it no part of my duty to insist upon the Board giving it; indeed I have positively refused to act in this capacity, and thus constitute myself a relieving officer instead of a medical officer. I have, however, on many occasions expostulated with the relieving officer for sending me orders to attend young people, married or single, and thus make them paupers for life, and in all probability their children and grandchildren after them. In such cases I hold that the workhouse test is properly applied, and I would give none such relief out of it; neither would I give assistance to gardeners as a class. Indiscriminate relief by the guardians to all applicants is, in my opinion, indiscriminate mischief. We must try to teach the labouring classes to be provident; and if they would but learn this lesson well, my belief is that there would be as few applications for relief from that class, taking their numbers into consideration, as from my own or any other.

Your obedient servant,

March 13th, 1869. A POOR-LAW MEDICAL OFFICER FROM THE BEGINNING.

Dr. James Molyneaux.—Hodge's lever pessary consists of an oblong ring, curved so as to correspond with the curvatures of the vagina. According to Dr. Hodge, great advantages result from this form. The convexity of the curve being in contact with the posterior wall of the vagina, it corresponds to the curve of the sacrum. Hence, when introduced properly, there is no pressure against the rectum. The superior extremity of the instrument does not impinge on the bowel, but passes upwards and behind the cervix uteri, maintaining the womb in a proper position, and yet not interfering with its natural swing movements. There are two principal forms of Hodge's pessary—the open and the closed lever. For general use the latter form is the best. It can be seen at every instrument maker's, made of different sizes. Those formed of vulcanite are preferable to those made of metal covered with gutta-percha. The most complete account of these instruments is to be found in Dr. Hodge's treatise on "Diseases Peculiar to Women."

COD-LIVER OIL.

On the bleak shore of Norway, I've lately been told,
Large numbers of cod-fish are found,
And the animals' livers are afterwards sold
At so many "pfennigs" per pound;
From which is extracted, with infinite toil,
A villainous fluid called cod-liver oil.

Now, I don't mind a powder, a pill, or a draught—
Though I mingle the former with jam,—
And many's the mixture I've cheerfully quaff'd,
And the pill I have gulp'd like a lamb.
But then I envelop my pills in tin-foil,
And I can't do the same with my cod-liver oil!

In the course of my lifetime I've swallowed enough
To have floated a ship of the line,
And it's purely the fault of this horrible stuff
That I've ceased to enjoy ginger wine.
For how can you wonder to see me recoil
From a liquor I mix'd with my cod-liver oil?

There are few deeds of daring from which I should quail—
There are few things I'd tremble to do;
But there's one kind of tonic that makes me turn pale,
And quite spoils my appetite, too:
But you see, just at present, I've got none to spoil,
So I don't mind alluding to cod-liver oil!

Carols of Cockayne, by HENRY S. LEIGH.

THE CASE OF SANGER *versus* SANGER.

AT the moment of going to press we received a letter from *Dr. James Clark*, asking us "to inform the members of the profession that in a few days a statement of all the facts will be published." Dr. Clark adds: "The case affects every ward in Chancery and every physician and surgeon in the kingdom, and I would ask you and the profession not to express any opinion in the matter until my statement is before the public."

CERTIFICATES OF THE CAUSE OF DEATH.

DR. LANKESTER, a few days ago, at an inquest, strongly condemned the practice of medical men giving certificates of cause of death in cases which they have not seen for some days. A case, he said, had come under his observation, in which a woman had obtained at different times no less than three certificates concerning the death of her husband from various medical men, on the strength of which she had obtained contributions to meet the expenses of her husband's funeral. Doubtless there is great room for abuse in the present practice of giving certificates of the cause of death without the certifier verifying the fact by personal observation. Especially is this easy in the case of children. Dr. Lankester, however, should not be too severe on medical men. They cannot be expected, in addition to all the unpaid work they do, to pay post-mortem visits.

ENCHONDROMA.

To the Editor of THE LANCET.

SIR,—My attention has been called to the report of a case of Enchondroma in THE LANCET, made in July last, in which case I had made one of three previous operations.

I am represented as having removed "the greater part of the tumour, but left a portion at the inner side of the orbit." I confess to a surprise at having "left a portion" in so accessible a position. I therefore referred to my notes of the case, and find that my operation was performed on Feb. 13th, 1861, some eight and a half years subsequent to the second, and nearly seven years previous to the last operation. I find, also, that I followed up the diseased mass *past* the "inner side of the orbit," and removed all in that locality. I did, however, leave a small lobe which had pushed its way into the frontal sinus of the right side, but which had no attachments to walls of that cavity. I find, too, that I discussed the propriety of laying open the sinus by a removal of a part of its anterior wall for the purpose of removing its contents, but abstained therefrom, thinking that the portion left, having no vascular supply, would decompose and be discharged. I find, further, that I did not recommend an operation, for the reason that the disease had twice recurred, and was, at the time of my operation, so widely extended. The patient, notwithstanding my advice, was importunate, and I acceded to his desire. Yours truly,

Rush Medical College, Chair of Surgery, MOSES GUNN.
Chicago, Feb. 19th, 1869.

M. R. P. must remember that the radius of curvature of the surface at the point of incidence determines the magnitude of the angle between the incident ray and the normal. It therefore indirectly determines the deviation of the ray. The communication criticised by our correspondent does not lay down a law, but states a familiar fact.

THE JUMP FUND.

Mrs. Jump and Family request us to express their very great gratitude for the kindness and liberality which they have experienced in the response to the appeal made on their behalf. The following additional subscriptions have been received:—

Amount already advertised ...	£357	4	6
H.R.H. the Prince of Wales ...	20	0	0
Lord Sondes	3	0	0
Dr. Evans Lombe	1	1	0
— Perry, Esq., Reepham	1	1	0
Thos. Alderton, Esq.	1	1	0
Small sums by ditto	0	18	0
Mr. Womack, Branford	1	1	0
Mr. Lomb, Barnsbury	0	10	6
Mr. Greenhill, Hastings	1	16	0
Rev. A. Porter	1	1	0
Mr. Pretty	1	1	0
Total	£389	15	0

Dr. Mackenzie.—From the Secretary of the Royal Victoria Dispensary, Northampton, or the Provident Dispensary at Devonport. Dr. Hingston, at Plymouth, we have no doubt, could afford information on the subject.

J. H. S. should consult some medical practitioner.

RELAPSING FEVER AT THE GERMAN HOSPITAL.

To the Editor of THE LANCET.

SIR,—Dr. Weber's request would be more usefully complied with if he were to state as explicitly as possible those diagnostic symptoms which mark out this form from all others. If, as I believe, there are no such *essential* symptoms, it might lead only to a mere logomachy were I to occupy your space with a description of what is so well known in the profession, so far as experience goes at present. Besides, it may be allowed me just to add that the exception I took to Dr. Weber's treatment was not that it had been unsuccessful in preventing the relapses, but that no attempt was at all made by medicinal treatment to prevent them.

I am, Sir, your obedient servant,
Hanley, March, 1869. J. F.

SICK CLUBS OF ROBIN HOOD'S BAY.

To the Editor of THE LANCET.

SIR,—I beg to inform you that I was almost the sole originator of the largest of these Clubs, and held the post of medical officer for twelve or fifteen years, without almost a single case of well-grounded complaint; and now, because I have asked for an increase of pay (which I think any reasonable man will consider was needed, and which I think may still be considered moderate), I have not even been allowed an opportunity to give a reason why I asked for it.

Some advice from you to the profession, as well as stringent remarks respecting the conduct of the Clubs, would, no doubt, do good service, and oblige, Your very obedient servant,

March, 1869. R. WYLLIE, L.R.C.P. Edin.

BARRACKS IN INDIA.

THE *Mail Budget* of January 30th contains a startling statement. It is to the effect that a Sanitary Commissioner, Dr. Ranking, has inspected the station at Kamptee, where some magnificent barracks are being erected, and condemned them before a soldier has set his foot in them. Our contemporary very naturally exclaims, "That is the way the money goes!" It adds that eleven millions sterling is to be spent on barracks, and there is no certainty that any one of them will continue in use. At Wellington and Bangalore, money either has been or is being expended on barrack buildings without anybody knowing how water is to be obtained.

THE MEDICAL EXAMINATION OF RECRUITS.

To the Editor of THE LANCET.

SIR,—Your correspondent, in his letter in your journal of March 6th, says that "the civil examiner gets 4*s.* for the finally approved recruit, and only 2*s.* 6*d.* for the candidate whom he rejects." Now, I am also a civil examiner of recruits, but I receive only 2*s.* 6*d.* whether approved or not. Could this difference in fees be accounted for, I shall feel obliged.

Your obedient servant,
March, 1869. ANOTHER CIVIL EXAMINER OF RECRUITS.

DOCTORS' BILLS IN AMERICA.

THE physicians of Millville, New Jersey, have adopted the following resolutions:—

"1. That when the patient has received the last visit, the physician shall leave his bill.

"2. That we have employed a collector; and if the bill remains unsatisfied ninety days, it will be placed in his hands for settlement.

"3. That the said collector shall not retain the account more than six months, when, if unsatisfied, it shall go into the hands of a justice of the peace; and if not liquidated in three months, the person's name for whom the bill was made shall be placed on a *Black List*, of which each physician shall have a copy. (A person's name on the black list cannot receive our professional services unless all arrears are paid, or by an order from an overseer of the poor)."

STAMMERING.

To the Editor of THE LANCET.

SIR,—Will any member of the profession kindly give me a few practical hints on stammering? I have had an impediment in my speech ever since I was a child; I believe it was brought on through a fright. Sometimes I can speak better than at others, which leads me to think it is partly, at all events, due to nervousness. If any of your readers would suggest a treatment, they would greatly oblige, Yours truly,

March, 1869. A COUNTRY SURGEON.

EVERY communication, whether intended for publication or otherwise, must be authenticated by the name and address of the writer. Papers not accepted cannot be returned. Articles in newspapers, to which attention is sought to be directed, should be marked. Communications not noticed in the current number of THE LANCET will receive attention the following week.

COMMUNICATIONS, LETTERS, &c., have been received from—Prof. Rolleston, Oxford; Prof. Gamgee; Dr. Murchison; Mr. Pochin, M.P.; Dr. Webster; Surgeon-Major Wyatt, Paris; Mr. Maunder; Dr. Rogers; Mr. Whitford Dr. Yeo; Dr. Turnbull, Alderney; Mr. Thompson, Dublin; Dr. Clark Mr. Foster, Sunderland; Mr. Curry; Mr. Haward; Dr. Evans, Narberth; Dr. Everrett, Wells-next-the-Sea; Mr. Shedden; Mr. Richards, Walsingham; Dr. Burnie, Bradford; Mr. Jackson; Dr. More, Rothwell; Mr. Hall; Mr. Duncan, Glasgow; Mr. Fernlie; Mr. Davies, Aylsham; Mr. Wright; Dr. Highmore, Sherborne; Mr. Watling; Mr. Deane, Lynn; Mr. Moses, Barton; Dr. Cresswell, Dowlais; Mr. Kerr; Rev. H. James, Livermere; Dr. Cording; Dr. Rattray; Dr. Phillips; Mr. Bownas; Mr. J. S. Dowie; Mr. Jones; Mr. Osborne; Dr. Moore; Dr. Sanderson; Dr. Kidd, Dublin; Dr. Adams; Mr. Howe; Mr. Wilkinson; Mr. Lawrence; Mr. Somerville, Salburn; Dr. Beaugeard; M. Pineau; Mr. J. Savage; Mr. D. M. Jenkins; Mr. Turner; Mr. Tawtell; Dr. Trench, Liverpool; Dr. Wilson, Sheffield; Dr. Hodges, Edinburgh; Mr. Anderson; Mr. Kenyon; Dr. Lupton, Talywain; Mr. Fletcher; Mr. Bailey; Mr. Withers; Dr. Ramsey; Dr. Horton, Wrentham; Dr. Branson, Doncaster; Dr. Cameron, Kirton-in-Lindsey; Dr. Mackenzie, Sidmouth; Mr. Mickley, Nottingham; Mr. J. Brockwell, Cleator; Dr. Bateman, Norwich; Mr. H. N. Hardy; Dr. F. G. Beer, Zurich; Dr. Jessop, Leeds; Dr. Squibb, Philadelphia; Dr. Medd; Mr. R. Egbert, Canterbury; Dr. Brown, Rochester; Dr. Hulti; Mr. Matson; Dr. Lowe, Lynn; Mr. Shaw; Mr. Evans; Dr. Molyneux, Hesse; Dr. Buckell; Dr. Maclachlan; Mr. Baxter Langley; Mr. Humphries; Dr. Anderson, Glasgow; Dr. Reid; Mr. Brooke; Mr. Marshall; Mr. Jackson; Dr. Wills; Mr. Busby; Mr. Churchill; Mr. Hughes, Portmadoc; Captain Seymour; Dr. England; Mr. Allarton, Orkney; Mr. King; Dr. Maccall, Manchester; Mr. Brotherton; Mr. Sewell; Mr. Freeman; Mr. Porter, Bloomfield Lake; Alma, Ormskirk; J. F.; Public Vaccinator; A Cosmopolitan Anatomist; Inquirer; Medical Society of London; M. B.; J. A.; An American M.D.; Sigma; M.R.C.P.; J. H.; Medicus; J. H. S.; Beta; A Country Surgeon; Alexis; Student; A Poor-law Medical Officer from the Beginning; W. P.; Obstetrical Society of London; L.M.; Another Civil Examiner of Recruits; A Disappointed One; An Apprentice; &c. &c.

Parochial Critic, Whitby Gazette, Yorkshire Post, Scotsman, Brighton Times, Birmingham Daily Post, Edinburgh Evening Courant, Gateshead Observer, Shadow, Brighton Gazette, Newcastle Daily Chronicle, Chemical News, Albion, Cardiff Times, Lincoln Journal, Brighton Gazette, Leeds Mercury, Lincolnshire Chronicle, Brighton Observer, and *Bucks Herald* have been received.